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ē	
Fill in this information to identify your case:	The The
United States Bankruptcy Court for the: Southern District of New York	
Case number (If known): Chapter you are filit Chapter 7 Chapter 11 Chapter 12 Chapter 13	ng under:

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

a	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Your full name		<u>,e</u>
	Write the name that is on your government-issued picture	Phillip	
	identification (for example,	First name	First name
	your driver's license or	Michael	
	passport).	Middle name	Middle name
	Bring your picture	Scott	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	6:		
<u>.</u>	All other names you	N/A	
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3 .	Only the last 4 digits of	xxx - xx - <u>8</u> <u>1</u> <u>0</u> <u>9</u>	xxx - xx
	your Social Security number or federal	OR	OR
	Individual Taxpayer		
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1	Phillip Mich	nael Scott		Case number (if known)	
	First Name Middle N	ame Last Name		STOLET SALES	
		About Debtor 1:		About Debtor 2 (Spouse On	lv in a Joint Case):
		740041 200101 11		-	,
4 Anv	business names			_	
	Employer	I have not used any	business names or EINs.	I have not used any busine	ess names or EINs.
	tification Numbers				
) you have used in ast 8 years	Business name		Business name	
d	_	business name		Dusiriess name	
	de trade names and business as names			D	
_	, badiii oo aa ilaiii a	Business name		Business name	
Ş					
		EIN		EIN	
		EIN		EIN	
5 Whe	re you live			If Debtor 2 lives at a differer	nt address:
J. WIIG	ie you live				
		4319A Wickham a	vonuo		
		Number Street	venue	Number Street	
	4				
		Bronx	NY 10466		
		City	State ZIP Code	City	State ZIP Code
		County		County	
		If your mailing address	ss is different from the one	If Debtor 2's mailing addres	s is different from
ø		above, fill it in here. N	lote that the court will send	yours, fill it in here. Note that	at the court will send
		any notices to you at th	nis mailing address.	any notices to this mailing ad-	dress.
2		Number Street		Number Street	
		P.O. Box		P.O. Box	
		City	State ZIP Code	City	State ZIP Code
		Olly	Oldio Eli oddi	,	
-					
6. Why	you are choosing	Check one:		Check one:	
	district to file for	Over the last 180 d	ays before filing this petition,	Over the last 180 days be	fore filing this petition,
banı	kruptcy	I have lived in this	district longer than in any	I have lived in this district	longer than in any
		other district.		other district.	
	92	☐ I have another reas		I have another reason. Ex	plain.
		(See 28 U.S.C. § 1	4U8.)	(See 28 U.S.C. § 1408.)	
		-			
				-	
				_	

Del	otor 1 Phillip Micha		Scott Last Name		Case number (# km	solvn)
	2					
Pa	rt 2: Tell the Court Abou	t Your Ba	nkrup	tcy Case		
7.	The chapter of the Bankruptcy Code you	Check or for Bankr	e. (For a	a brief description of each, see <i>No</i> form 2010)). Also, go to the top of	ntice Required by 11 page 1 and check th	U.S.C. § 342(b) for Individuals Filing ne appropriate box.
	are choosing to file under	☐ Chap	ter 7			
	ulider	☐ Chap	ter 11			
		☐ Chap	ter 12			
	(A)	☑ Chap	ter 13			
8.	How you will pay the fee	local yours subn	court for self, you	or more details about how you u may pay with cash, cashier's	may pay. Typicall check, or money	
ø		□ I nee	d to pa	ay the fee in installments. If	ou choose this op	otion, sign and attach the
7		, ,		for Individuals to Pay The Filir		
		By la less pay t	w, a ju than 15 he fee	dge may, but is not required to 50% of the official poverty line	o, waive your fee, a that applies to you this option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is a refamily size and you are unable to nust fill out the Application to Have the with your petition.
9.	Have you filed for	□ No				
	bankruptcy within the last 8 years?		District	Southern. Dist. of NY Who		Case number 13-23312-rdd (CH.7)
	idos o youro,		Dietrict	Southern Dist. of NY Who	MM / DD / YYYY 05/03/2013	Case number 13-22714-rdd (CH.13)
			District		MM / DD / YYYY	
	5)		District	Who	MM / DD / YYYY	Case number
10	Are any bankruptcy	☑ No				
	cases pending or being filed by a spouse who is	Yes.	Debtor			Relationship to you
ď	not filing this case with you, or by a business partner, or by an			Wh		Case number, if known
	affiliate?		D-14			Relationship to you
5						Case number, if known
_					MM / DD / YYYY	
11.	Do you rent your residence?	☑ No. ☐ Yes.	Has yo	ine 12. our landlord obtained an eviction jonce? o. Go to line 12.	udgment against you	u and do you want to stay in your
				s. Fill out Initial Statement About s bankruptcy petition.	an Eviction Judgmer	nt Against You (Form 101A) and file it with

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De	otor 1 Phillip	Mich Middle Nam		Scott Last Name		Case nu	mber (if known)_		
	First Name	Middle Nan	le	Lastivaine					
Pa	art 3: Report A	bout Any E	Business	es You Own as a Sole	Proprietor				
12.	Are you a sole of any full- or p business? A sole proprietorsh business you oper individual, and is r	art-time nip is a ate as an ot a	_	Go to Part 4. Name and location of bus Phillip Michael Scott Name of business, if any					
	separate legal enti a corporation, part LLC. If you have more t	nership, or		12 Inverness road Number Street					
	sole proprietorship separate sheet an to this petition.			Scarsdale City			NY State	10583 ZIP Code	
	8			Check the appropriate bo Health Care Business Single Asset Real Est Stockbroker (as define Commodity Broker (as	(as defined in 11 U ate (as defined in 1 ed in 11 U.S.C. § 10	J.S.C. § 1 1 U.S.C. 01(53A))	§ 101(51B))		
13.	Are you filing u Chapter 11 of t Bankruptcy Co are you a small debtor? For a definition of business debtor, s 11 U.S.C. § 101(5	he de and I business small	can set most re any of t No.	appropriate deadlines. If y cent balance sheet, statem hese documents do not ex I am not filing under Chapter the Bankruptcy Code.	ou indicate that you nent of operations, c ist, follow the proced oter 11.	are a sm cash-flow dure in 1° small bu	nall business statement, a 1 U.S.C. § 1 siness debto	small business debtor so that it is debtor, you must attach your and federal income tax return or 116(1)(B). or according to the definition in the cording to the definition in the	if
Pa	art 4: Report i	f You Own	or Have	Any Hazardous Prope	erty or Any Prop	erty Tha	at Needs I	mmediate Attention	
14.	Do you own or property that p alleged to pose of imminent an identifiable haz public health o Or do you own	oses or is a threat d ard to r safety?	☑ No ☐ Yes	. What is the hazard?					
	property that n immediate atte For example, do y perishable goods, that must be fed, of that needs urgent	eeds ntion? ou own or livestock or a building			needed, why is it n	eeded?_			
ď				Where is the property?	Number Stre	et			
5					City			State ZIP Code	

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Debtor 1

Phillip

Michael

Scott

Case number (if known)			
Oddo Harrison (in monn)			

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

	Α	bo	ut	De	bt	or	1	:
--	---	----	----	----	----	----	---	---

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

■ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

Į	Ιa	m	not	requi	red	to	recei	ve	а	briefing	abo	ut
	cr	ed	it co	unse	ling	be	ecaus	e c	of:			

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Dìsability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a brief	ing about
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1		lichael Scott	Case number (f known)
	First Name Mid	dle Name Last Name		
e an				
Part 6	Answer These	Questions for Reporting P	urposes	
\$6. Wh	at kind of debts do		orimarily consumer debts? Consumer of the cons	
you	have?	No. Go to line 1	6b.	,
		16b. Are your debts p money for a busine	orimarily business debts? Business del ss or investment or through the operation of	ots are debts that you incurred to obtain the business or investment.
		☐ No. Go to line 1☐ Yes. Go to line	22	
		16c. State the type of de Rack Taxes	ebts you owe that are not consumer debts or	business debts.
	you filing under	☑ Nc. I am not filing u	nder Chapter 7. Go to line 18.	
Do any	you estimate that a exempt property i	s administrative e	r Chapter 7. Do you estimate that after any e expenses are paid that funds will be available	
	luded and ninistrative expens	□ No ses —		
are	paid that funds wi	Il be Yes		
	ilable for distributi Insecured creditor			
as Hov	v many creditors d	lo 🔽 1-49	1,000-5,000	25,001-50,000
you	estimate that you		5 ,001-10,000	50,001-100,000
owe	e?	100-199	10,001-25,000	☐ More than 100,000
2		200-999		
	v much do you mate your assets t	\$0-\$50.000 \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
	worth?	\$100,001-\$100,000	\$50,000,001-\$50 million	\$10,000,000,001-\$10 billion
		\$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
20. Hov	v much do you	\$0-\$50,000	☐ \$1,000,001-\$10 million	■ \$500,000,001-\$1 billion
esti	mate your liabilitie	s \Bigsiz \$50,001-\$100,000	☐ \$10,000,001-\$50 million	☐ \$1,000,000,001-\$10 billion
to b	e?	\$100,001-\$500,000	\$50,000,001-\$100 million	□ \$10,000,000,001-\$50 billion
B 4 7	o' p. l	\$500,001-\$1 million	□ \$100,000,001-\$500 million	
Part 7	Sign Below		Marie Company of the	
For yo	u	I have examined this per correct.	tition, and I declare under penalty of perjury t	hat the information provided is true and
			nder Chapter 7, I am aware that I may proce Code. I understand the relief available unde	
			s me and I did not pay or agree to pay someo tained and read the notice required by 11 U.	
		I request relief in accord	ance with the chapter of title 11, United State	es Code, specified in this petition.
d		I understand making a fa with a bankruptcy case 18 U.S.C. §§ 53, 1341.	can result in fines up to \$250,000, or imprisor	ning money or property by fraud in connection nment for up to 20 years, or both.
r		* Bect	<i>A</i> ×	
<i>•</i>		Signature of Debtor	1 Signa	ature of Debtor 2
		Executed on $\frac{07/18}{MM}$	Z/2016 Exec	uted on MM / DD /YYYY

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Debtor 1	Phillip First Name	Micha Middle Nam	ael Scott Last Name	Case number (if h	ngwn)	
	r attorney, if y	you are	to proceed under Chapter 7, 11, available under each chapter for	arned in this petition, declare that I have 12, or 13 of title 11, United States Coowhich the person is eligible. I also cers § 342(b) and, in a case in which § 707	le, and have exp rtify that I have o	plained the relief delivered to the debtor(s)
by an at	e not represe torney, you o file this page	lo not		ne information in the schedules filed w		incorrect.
						W.
,			Kim DSouza Printed name			
			Law Office of Kim DSo	uza		
			32 Washington Place Number Street	WOLFT CONTROL OF THE		
			Newburgh city	NY State	12550 ZIP Code	
						ē
			Contact phone (845) 391-8	239 Email a	_{ddress} misterds	souza@aol.com
	14		2153	NY		
			Bar number	State		

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3

2

ADDENDUM TO VOLUNTARY PETITION

STATEMENT PURSUANT TO PROCEDURAL REQUIREMENTS OF 11 U.S.C. 1166(1)(b)

Debtor in Possession, by attorney, states I have, or will have documents as indicated in Section 1116(1)(B); as could otherwise be submitted to the court within seven (7) days as indicated by statute. However, all such documents contain information which render me prohibited under the bankruptcy code from regular filing to the electronic docket. I respectfully await instructions from the trustee as to how to convey possession of these document to the trustee directly without electronic filing.

Kim DSouza, Esq.

32 Washington Place

Newburgh, NY 12550

misterdsouza@aol.com

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Fill in this ir	formation to ide	entify your case:		
Debtor 1	Phillip	Michael	Scott	
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	or the: Southern District of	New York	-
Case number	(If known)	1		

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your assets Value of what you own
190	Schedule A/B: Property (Official Form 106A/B)	\$ 430,000.00
	1a. Copy line 55, Total real estate, from Schedule A/B	*
	1b. Copy line 62, Total personal property, from Schedule A/B	\$476,306,130.00
,	1c. Copy line 63, Total of all property on Schedule A/B	9 76,736,130.00
Ρá	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	9 76,306,130.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$115,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 79,544.37
	Your total liabilities	76,500,674.37
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I)	_{\$} 12,159.06
	Copy your combined monthly income from line 12 of Schedule I	Ψ
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	_{\$} 10,456.02

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Del	btor 1	Phillip	Michael	Scott	Case number (# known)	
		First Nome M	liddie Name Last Name			
Pa	art 4:	Answer These	Questions for Admini	strative and Statistica	al Records	
6.	Are	you filing for bankr	uptcy under Chapters 7, ′	11, or 13?		
		No. You have nothing	to report on this part of the	e form. Check this box and	submit this form to the court with you	ur other schedules.
		-	g to roport on the part of the		•	
		163				
7	Wha	t kind of debt do yo	u have?			
*		•				
	U Y	Your debts are prime family, or household (arily consumer debts. Co purpose." 11 U.S.C. § 101(ensumer debts are those "in 8). Fill out lines 8-9g for sta	curred by an individual primarily for a tistical purposes, 28 U.S.C. § 159.	a personal,
	ω.			Var. barra mathing to popul	et on this next of the form. Check this	how and culpmit
			with your other schedules.	. You have nothing to repor	rt on this part of the form. Check this	DOX and Submit
	•		man your outer consequences		4	
0						
8.	Fron	n the Statement of	Your Current Monthly Inc R, Form 122B Line 11; OR ,	ome: Copy your total currer	nt monthly income from Official	s 12,159.06
۴	1 0111	ii 122A-1 Lille 11, Oi	C, TOMITZZB EMC TT, OK,	TOTAL TELES TELLIS TT.		————
*						
9	Conv	v the following spec	cial categories of claims t	rom Part 4, line 6 of Sche	dule E/F:	
0,1	oop,	y and renowing open		,		
					Total claim	
					Total Claim	
		Doub A Cohan	tule E/E convitte followin			
	Fre	om Part 4 on Sched	<i>lule E/F</i> , copy the followir	ig:		
					180	0.00
	9a. [Domestic support ob	ligations (Copy line 6a.)		\$	0.00
		177			445.00	0.00
	9b	Taxes and certain oth	her debts you owe the gove	ernment, (Copy line 6b.)	\$115,00	00.00
						0.00
	9c. (Claims for death or p	ersonal injury while you we	re intoxicated. (Copy line 6	c.) \$	0.00
	04 9	Student loans. (Copy	(line 6f)		\$	0.00
	<i>5</i> u . (описти подпа. (Сору	iiii di.j			
	9e. (Obligations arising o	ut of a separation agreeme	nt or divorce that you did no	ot report as	0.00
d		priority claims. (Copy		•	Ψ	
						0.00
2	9f. I	Debts to pension or p	profit-sharing plans, and oth	ner similar debts. (Copy line	e 6h.) + \$	0.00
W						
	9g, '	Total. Add lines 9a th	hrough 9f.		\$115,00	00.00
	-					

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Fill in this	information to i	dentify your ca	ise and this fi	ling.			
Debtor 1	Phillip First Name	Michael	Scott	Last Name	=		
5	ing) First Name		n District of No	Last Name	A:		
Case numb	er			_			Check if this is a amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Each Residence, Building,	Land, or Other Real Estate You Own or Have	e an Interest In		
1. Do yo	ou own or have any legal or equitable interes	t in any residence, building, land, or similar prope	rty?		
□N	o. Go to Part 2. es. Where is the property?	What is the property? Check all that apply.	Do not deduct secured clai	ms or exemptions. Put	
1:1:	12 Inverness Road Street address, if available, or other description	☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative	the amount of any secured Creditors Who Have Claim	claims on Schedule D:	
5		☐ Manufactured or mobile home ☐ Land	entire property? \$ 430,000.00	portion you own? \$ 430,000.00	
	Scarsdale NY 10583 City State ZIP Code	☐ Timeshare in	Describe the nature of your ownershi interest (such as fee simple, tenancy the entireties, or a life estate), if know		
		Who has an interest in the property? Check one,	Fee Simple		
	Westchester County County	 ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another 	Check if this is con (see instructions)	mmunity property	
lf you	u own or have more than one, list here:	Other information you wish to add about this it property identification number: Section 4, Bl	ock 4965, Lot 72		
1.2.	Street address, if available, or other description	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D:	
	Street address, if available, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?	
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your ownershi interest (such as fee simple, tenancy the entireties, or a life estate), if know		
S	County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	mmunity property	
		Other information you wish to add about this ite property identification number:	em, such as local		

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1.3.	Characteristics of the control of th	or other deceription	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on Schedule D
	Street address, if available, or other description		Condominium or cooperative	Current value of the entire property?	Current value of t portion you own?
37			☐ Manufactured or mobile home☐ I and	\$	s
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in the property? Check one.		
25	County		Debtor 1 only		
			☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co (see instructions)	ommunity property
			Other information you wish to add about this ite property identification number:		
A -1 -1 -6 h	e dellar value of the p	ortion you own for a	ull of your entries from Part 1, including any entries	s for pages	430,000
you ha	ave attached for Part 1	. Write that number	here		
vou o	wn, lease, or have leg	al or equitable intere	est in any vehicles, whether they are registered or	not? Include any vehicle	s
you o I own t	wn, lease, or have legant hat someone else drive vans, trucks, tractors,	al or equitable intere s. If you lease a vehic sport utility vehicle	cle, also report it on Schedule G: Executory Contracts	not? Include any vehicle and Unexpired Leases.	s
you or own the Cars, ' O No	wn, lease, or have legant hat someone else drive vans, trucks, tractors,	al or equitable interes. If you lease a vehicle sport utility vehicle	sle, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one.	not? Include any vehicle and Unexpired Leases. Do not deduct secured cl	aims or exemptions. F
you oo own the Cars, of No	wn, lease, or have legath that someone else drive vans, trucks, tractors,	al or equitable interes. If you lease a vehicle sport utility vehicle Dodge Dakota	who has an interest in the property? Check one. Debtor 1 only	and Unexpired Leases. Do not deduct secured cl	laims or exemptions. F ad claims on <i>Schedul</i> e
you or own the Cars, or No	wn, lease, or have legated that someone else drive vans, trucks, tractors, oes Make: Model: Year:	al or equitable interes. If you lease a vehicle sport utility vehicle Dodge Dakota	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	and Unexpired Leases. Do not deduct secured cl the amount of any secure	laims or exemptions. I ad claims on Schedule ims Secured by Prope Current value o
you oo own the Cars, of No	wn, lease, or have legal hat someone else drive vans, trucks, tractors, ones Make: Model: Year: Approximate mileage:	al or equitable interes. If you lease a vehicle sport utility vehicle Dodge Dakota	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clai Current value of the entire property?	laims or exemptions. F ad claims on Schedule ims Secured by Prope Current value o portion you own
you or own the Cars, or No	wn, lease, or have legated that someone else drive vans, trucks, tractors, oes Make: Model: Year:	al or equitable interes. If you lease a vehicle sport utility vehicle Dodge Dakota	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clai	laims or exemptions. It ad claims on Schedule ims Secured by Prope Current value o portion you ow
you on the own	wn, lease, or have legal hat someone else drive vans, trucks, tractors, ones Make: Model: Year: Approximate mileage:	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	laims or exemptions. F ad claims on Schedule ims Secured by Prope Current value o portion you own
you on to own the Cars, Yes	wn, lease, or have legal hat someone else drive vans, trucks, tractors, on the session of the se	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 930.00	laims or exemptions. Find claims on Schedule ins Secured by Proper Current value of portion you own \$ 930
you or own the	wn, lease, or have legath to someone else drive vans, trucks, tractors, or es Make: Model: Year: Approximate mileage: Other information:	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$930.00	laims or exemptions. Find claims on Schedule ins Secured by Proper Current value of portion you own \$ 930
you on the own	wn, lease, or have legathat someone else drive vans, trucks, tractors, or ses Make: Model: Year: Approximate mileage: Other information:	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 930.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the	laims or exemptions. Pad claims on Schedule ims Secured by Proper Current value of portion you own \$ 930 laims or exemptions. Fed claims on Schedule ims Secured by Prope Current value of Current value of Schedule ims Secured by Prope
you or a own the Cars, and Yes 3.1. If you 3.2.	wn, lease, or have legal hat someone else drive vans, trucks, tractors, on the session of the se	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 930.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair	laims or exemptions. Fed claims on Schedule ins Secured by Proper Current value of portion you own \$ 930 states or exemptions. Fed claims on Schedule ims Secured by Prope
Cars, No Ye 3.1. If you 3.2.	wn, lease, or have legath to the someone else drive vans, trucks, tractors, on the session of th	al or equitable interests. If you lease a vehicle sport utility vehicle Dodge Dakota 2003 310,000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ 930.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the	laims or exemptions. Fed claims on Schedule ims Secured by Proper Current value of portion you own \$ 930 daims or exemptions. Fed claims on Schedule ims Secured by Proper Current value of Schedule ims Secured by Proper Schedule ims Secured by Proper Current value of Schedule ims Secured by Proper Schedule ims Schedule im

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ebtor 1	Phillip Michael First Name Middle Name	Scott Last Name	Case number urkm	own)	
3.3.	Make:		Who has an interest in the property? Check one, Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	I claims on Schedule D:
	Model:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage: Other information:		At least one of the debtors and another	\$	\$
			☐ Check if this is community property (see instructions)	<u> </u>	Ψ
3.4.	Make:		Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla	d claims on Schedule D:
	Model:		Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
	Year:		Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:		At least one of the debtors and another	entire property?	portion you own?
	Other information:		☐ Cneck if this is community property (see	\$	\$
4.1.	Make: Model: Year: Other information:		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D:
If yo	u own or have more than one, list	t here:	instructions)		
4.2.	Make:	e e	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	d claims on Schedule D.
	Year: Other information:		Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
,			☐ Check if this is community property (see instructions)	\$	
*					\$

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Debtor 1

Phillip

Michael Middle Name Scott Last Name

Case number (if known)

ousehold goods and furnishings xamples: Major appliances, furniture, linens, china, kitchenware	or exemptions.
vamples: Major appliances, furniture, linens, china, kitchenware	
1 No	
Yes, Describe	\$
lectronics	
xamples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
1 No	
Yes. Describe	\$
ollectibles of value	
xamples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
No Yes. Describe	\$
t Landau and the same and the s	
quipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	S
No Yes, Describe	\$
irearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes, Describe	\$
lothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
 No Yes. Describe Everyday clothes, leather coat, sneackers, footweer, accessories, underclothes, underpants, socks. 	\$3,500.00
ewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
☑ No ☑ Yes, DescribeEngagement ring, watch	\$9,000.00
lon-farm animals _ç Examples: Dogs, cats, birds, horses	
☑ No ☑ Yes, Describe	\$
Any other personal and household items you did not already list, including any health aids you did not list	
✓ No Yes, Give specific information	\$
Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$ 12,500.00

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Debtor 1

Phillip First Name Michael Middle Name Scott

Case number (if known)

Do you own or	Current value of the portion you own? Do not deduct secured claims		
			or exemptions.
16 . Cash	(A)		
	Money you have in your wallet, in your	home, in a safe deposit box, and on hand when you file your petition	
□ No			
			\$ 15,000.00
			\(\frac{1}{2} = \frac{1}{2} = \frac{1}{2} = \frac{1}{2} \(\frac{1}{2} = \frac{1}{2} = \frac{1}{2} \(\frac{1}{2} = \frac{1}{2} = \frac{1}{2} \(\frac{1}{2} = \frac{1}{2} = \frac{1}{2} = \frac{1}{2} = \frac{1}{2} \(\frac{1}{2} = \frac{1}{2} = \frac{1}
17. Deposits of Examples: (Checking, savings, or other financial ac	counts; certificates of deposit; shares in credit unions, brokerage house multiple accounts with the same institution, list each.	ises,
No Yes	01.00.00.000	Institution name:	
	17.1. Checking account:	Citybank	\$200.00
	17.2. Checking account:		\$
	17,3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposi	t:	\$
	17.6. Other financial accou	nt:	\$
	17,7. Other financial accou	int:	\$
	17,8, Other financial accou	int:	\$
	17.9. Other financial accou	int:	\$
	tual funds, or publicly traded stocks		
Examples: t	sond funds, investment accounts with t	orokerage firms, money market accounts	
Yes			
2			\$
			\$
			\$
	ly traded stock and interests in inco rtnership, and joint venture	orporated and unincorporated businesses, including an interest i	n
□ No	Name of entity:	% of ownership	:
Yes. Gi	ve specific Pine Hill Associate	s LLC	\$375,000.00
	ion about	0% %	\$
them		0%	20.0

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Debtor 1	Phillip	Michael	Scott	Case number (If known)
	First Name	Middle Name	Last Name	
٣				
20 Gover	nment and corp	orate bonds a	nd other negotiable and	I non-negotiable instruments
Negoti Non-ni	iable instruments egotiable instrum	include person ents are those	al checks, cashiers' chec you cannot transfer to so	ks, promissory notes, and money orders. meone by signing or delivering them.
			•	
☑ No	s. Give specific	Issuer name:		
info	ormation about			\$
tne	:m			\$
				\$
21. Retire	ment or pensio	n accounts		
		IRA, ERISA, Ke	ogh, 401(k), 403(b), thrif	t savings accounts, or other pension or profit-sharing plans
☑ No				
	es. List each count separately	Type of accou	unt: Institution name:	
		401(k) or simil	ar plan:	\$
		Pension plan:		\$
			-	
2		IRA:		
		Retirement ac	count:	
5		Keogh:	£	
		Additional acc	ount:	\$
		Additional acc	ount:	\$
22. Secur	ity deposits and	d prepayments		
Yours	share of all unus	ed deposits you	have made so that you r	may continue service or use from a company
Exam, compa	<i>ples:</i> Agreement anies, or others	s with landiords	, prepaid rent, public dull	ties (electric, gas, water), telecommunications
☑ No	D			
☐ Ye	es		Institution name or in	odividual:
	901	Electric:		<u> </u>
		Gas:		\$
		Heating oil:		
		Security depo	sit on rental unit:	
		Prepaid rent:		\$
		Telephone:		\$
d		Water:	(\$
		Rented furnitu	ıre:	
5		Other:	{ 	
-	N			
23. Annu	ities (A contract	for a periodic pa	ayment of money to you,	either for life or for a number of years)
Z N				
	es	lssuer name	and description:	
				<u> </u>
		1		\$
				\$

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Debtor 1	Phillip	Michael	Scott	Case number (# known)	
	First Name	Middle Name	Last Name		
	;(4));				
				SLE program, or under a qualified state tuition progr	am.
_	C. §§ 530(b)(1	I), 529A(b), and 5	529(b)(1)		
☑ No					
☐ Yes	***************************************	Institut	ion name and description.	Separately file the records of any interests.11 U.S.C. §	521(c):
					S
		-			
d					
		-			\$
	equitable or able for your		in property (other than a	nything listed in line 1), and rights or powers	
	able for your	Delleik			
☑ No	0: '4"				
	. Give specific mation about				\$
26. Patents	, copyrights	, trademarks, tra	ade secrets, and other int	tellectual property	
Example	es: Internet do	omain names, we	ebsites, proceeds from roya	alties and licensing agreements	
☐ No					
☑ Yes.	. Give specific	United	States and Internation	onal Patents (Elhydro), (Royalty fees),	
infor	mation about	themTrade	mark (Palmyra), (Elhy	ydro App), (Taphi): value included in question	n 34. \$
		1	· · · · · · · · · · · · · · · · · · ·		
27 License	s, franchise	s, and other ger	neral intangibles	L. H. J. J. P. v. P. v. R. Barrer and Section 1	
Example	es: Building p	ermits, exclusive	licenses, cooperative asso	ociation holdings, liquor licenses, professional licenses	
☐ No			, M	60	
	. Give specific		scribed in answer to	question 26	\$
infor	mation about	t them			3
					0
Money or I	property owe	ed to you?			Current value of the portion you own?
d					Do not deduct secured claims or exemptions.
					diamine of exemptione.
4	ınds owed to	o you			
✓ ✓ No					
Yes	Give specific			Federal:	\$
		including whether	er	State:	\$
	and the tax	years	******	Local:	\$
29. Family Exampl	support es: Past due	or lump sum alim	nony, spousal support, chile	d support, maintenance, divorce settlement, property se	ttlement
Z No	oo. i dot dde	o. ramp our ann	, spearer cappers of		
	Civo ongo:r:	c information			
☐ Yes	, Give specifi	c mormation	H-1-1-1-1-1-1	Alimony:	\$
				Maintenance:	\$
				Support:	\$
				Divorce settleme	nt: \$
				Property settlem	ent: \$
			V		
30. Other a	mounts son	neone owes you rages, disability in	l nsurance pavments idisahi	lity benefits, sick pay, vacation pay, workers' compensa	ation,
ьланірі	Social Se	ecurity benefits; u	npaid loans you made to s	someone else	·
□ No					
d .	s. Give specifi	c information			s

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Debtor 1	Phillip First Name	Michael Middle Name	Scott Lasl Name	Case number (if known)	
31, Interest	ts in insuranc es: Health, dis	ce policies sability, or life insura	nce; health savings account (HSA); o	eredit, homeowner's, or renter's insurance	
☐ No	Name the ins	surance company		Day of clare	Surrender or refund value:
La res		y and list its value.		Beneficiary:	
		090	AlG Insurance Company	Phillip Michael Scott	\$
			Great Northern Insurance (\$ 0.00
			American Security Insurance	ce Co. Phillip Michael Scott	\$
If you a	re the benefici	erty that is due yo iary of a living trust, neone has died	u from someone who has died expect proceeds from a life insuranc	e policy, or are currently entitled to receive	
☐ Yes	. Give specific	information			s
Example 5 • No	les: Accidents	I parties, whether , employment dispu ch claim.	tes, insurance claims, or rights to sue	lade a demand for payment	45,900,000.00
to set o	off claims	d unliquidated cla		nterclaims of the debtor and rights Corp. Jamaica, Am. Sec. Ins Co.	930,000,000.00
			Cabrilliar S.R.L., Philangco	Corp. Jamaica, Am. Occ. ins Co.	\$\$
					9
35. Any fin	ancial assets	you did not alrea	dy list		
☑ No					
☐ Yes	s. Give specifi	c information			\$
36. Add th	e dollar value	e of all of your ent	ries from Part 4, including any entr	ies for pages you have attached	\$ 976,290,200.00
for Par	t 4. Write tha	t number here			
Part 5:	l	Amy Busines	- Polated Property Vol. Ow	n or Have an Interest In. List any	real estate in Part 1.
rait J.	Describe	Any Busines	s-Neiateu Froperty Tou Ow	ii or made an interest iii alee en,	
37. Do yo u	own or have	any legal or equi	table interest in any business-relat	ed property?	
	. Go to Part 6.				
∑ ☐ Ye	s. Go to line 3	8.			
					Current value of the portion you own?
					Do not deduct secured claims
					or exemptions.
		e or commissions	you already earned		
☑ No		-			
∟ Ye	s. Describe	6 4			\$
39. Office	equipment f	urnishings, and s	upplies		
Exampl	les: Business-re	lated computers, softv	vare, modems, printers, copiers, fax machi	nes, rugs, telephones, desks, chairs, electronic device	es
☑ No	1				
☐ Ye	s. Describe				\$

2

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Debtor 1	Phillip	Michael	Scott	Case number (if known)		
	First Name	Middle Name	Last Name			
40. Machine	егу, fixtures, e	quipment, sup	olies you use in bu	iness, and tools of your trade		
No						
Yes	. Describe					\$
	1					
4. Invento	m.					
₩ No	ry i					
☐ Yes	. Describe					\$
						_
42. Interest	s in partnersh	nips or joint ver	itures			1
☑ No						
	Describe	Name of entity		% of c	ownership:	I
		radino or ornity			%	\$
					%	\$
					%	\$
43. Custom	ner lists, mailir	ng lists, or othe	er compilations			
☑ No						
☐ Yes		s include perso	nally identifiable in	iformation (as defined in 11 U.S.C. § 101(41A))?		
	☐ No					
	Yes. Des	cribe				\$
44. Any bu	siness-related	property you	did not already list			
^⁴ ☑ No						
	. Give specific					\$
inro	rmation :					\$
						\$
		**				\$
						Φ
						\$
						\$
45 Add th	e dollar value	of all of your e	ntries from Part 5,	including any entries for pages you have attached	1	\$
for Par	t 5. Write that	number here			-	• •
Part 6:	Describe /	Any Farm- and	d Commercial Fig	shing-Related Property You Own or Have an	ı Interest	In.
	If you own o	or have an inter	est in farmland, lis	etitin Part 1.		
			uitable interest in :	any farm- or commercial fishing-related property?		÷
	. Go to Part 7.	any legal or eq	uitable interest in a	any farm- of commercial fishing-related property.		
	s. Go to Fait 🚑					
						Current value of the
ļ						portion you own?
						Do not deduct secured claims or exemptions.
47. Farm a	animals					
		poultry, farm-ra	ised fish			
S M No						
	s		_			
						\$
						1554

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Debtor 1	Phillip	Michael	Scott		Case number (if known)	
	First Name	Middle Name	Last Name			
48. Crops	either growing	g or harvested				
☑ No			701			
	s. Give specific	27				\$
49 .Farm a	and fishing equi	ipment, implem	ents, machinery, fixtures,	and tools of trade		
☑ No						T.
— 16	95		: • :			\$
50.Farm	and fishing sup	plies, chemical	s, and feed			
☑ No		,				
☐ Ye	es					\$
d	_			4 -lucado lint		Ψ
51. Any fa		ercial fishing-re	lated property you did no	t aiready list		
	es. Give specific					\$
			ntries from Part 6, includin		s you have attached	\$
Part 7:	Describe	All Property	You Own or Have a	n Interest in Tha	t You Did Not List Above	
2.00						
	ou have other probles: Season tickets		k <mark>ind you did not already li</mark> s mbership	st?		
I N						\$
	es. Give specific					\$
	582M400000					\$
					_	S
54. Add t	he dollar value	of all of your er	ntries from Part 7. Write th	at number here	.	3
60	-					
Part 8:	List the T	otals of Eac	ch Part of this Form			
55.Part 1	: Total real esta	ate, line 2				\$ 430,000.00
•	2: Total vehicles			\$ 930.0		
			d items, line 15	\$ 12,500.0	00	
				\$976,290,200.0	00	
	l: Total financia			Φ0.0	_	
59 Part	5: Total busines	s-related prope	erty, line 45	\$0.0	_	
60. Part 6	6: Total farm- ar	nd fishing-relate	ed property, line 52	p	=	
61. Part 7	7: Total other pr	operty not liste	ed, line 54	+\$0.0	00	
62. Total	personal prope	erty. Add lines 5	6 through 61	\$976,306,130.0	OO Copy personal property total	+ _{\$} 976,306,130.00
	- 35	-	- N. N. S.			
63 Total	of all property	on Schedule A	B. Add line 55 + line 62			\$_976,736,130.00
os. i otal	or an property	on consume A			::::::::::::::::::::::::::::::::::::::	

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Addendum to Schedule A/B Question 33:

Claim #1: Fire Loss Indemnification for house at 12 Inverness Avenue, Insurance Bad Faith:

AIG, Great Northern Insurance Company, American Insurance Security Company

<u>Claim #2</u>: Racketeering: Arson, Extortion, Coercion, Embezzlement, Forgery, Posession of a Fraudulent Instrument, Government Fraud, Insurance Fraud, Bankruptcy Fraud, Perjury, Mail Fraud, Wire Fraud and Conspiracy to commit each of aforementioned crimes.

Andrew McGuire, AAA Carting, Capital Waste, Inc., Matthew Foley, William Schneider, Lawrence Donohue, Chris DeSantis, Theodore Garofolo, Mike Spano,

Detective Scott Griffiths.

Lee Smith, Assemblywoman Shelley Mayer, Cynthia Bernstiel, Fred White, Great Northern Insurance Company, Stewart/Benstiel/Rebar/ Smith, Attorneys at Law, John Finnegan, Dennis Wade, Michael Bono, Clark/Mulcahy/Wade, AIG, Ruben Martinez, Peter Hancock,

Bank of New York Mellon, Ocwen Loan Servicing, LLC, American Security Insurance Company, Ron Faris, Gerald Hassel, John Frobost.

Joshua Gornitsky, Esq., Houser & Allison, PC, Theodoros Vasilatos, Esq., Michael Batson, Esq., Natalie Griegg, Esq., Steven Zand, Esq. Zeichner/Ellman/ & Krause LLP, and McCabe, Weisberg & Conway PC, and

"John Doe" and/or "Jane Doe" #1 through #200 such names being fictional for individuals or entities who participated in the aforementioned crimes, and are at this time unknown to plaintiff.

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Michael	Scott	
Middle Name	Last Name	
Middle Name	Last Name	
the:Southern District of N	New York	-
	Middle Name Middle Name	Middle Name Last Name

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exem	Part 1:	Identify	the Pro	perty You	Claim as	Exemp
---	---------	----------	---------	-----------	----------	-------

		on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description: Line from Schedule A/B:	Motor Vehicle	\$930.00	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sec. 522 (d) 2
5	Brief description: Line from Schedule A/B:	Apparel	\$3,500.00	\$\\\ 3,500.00\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sec. 522 (d) 3
	Brief description: Line from Schedule A/B:	<u>Jewelry</u>	\$9,000.00	\$ 1,450.00 100% of fair market value, up to any applicable statutory limit	Sec. 522 (d) 4
3.		ng a homestead exemption o stment on 4/01/19 and every 3		es filed on or after the date of adjustment.)

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Debtor 1

Phillip

Michael

Scott

Case number (if known)

Brief description: Line from Schedule A/B: Brief description:	Apparel	Copy the value Schedule A/B				
description: Line from Schedule A/B: Brief	Apparel		e irom	Check o	only one box for each exemption	
Schedule A/B: == Brief		\$10,	500.00		10,500.00	Sec. 522 (d) 5
					0% of fair market value, up to vapplicable statutory limit	2
		\$			200	
_ine from Schedule A/B: =					0% of fair market value, up to applicable statutory limit	12
Brief description: =		\$				
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit	
Brief description:		\$				
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit	_
Brief description:		\$		_	00/ -55-1	
Line from Schedule A/B: =	=====				0% of fair market value, up to y applicable statutory limit	<u> </u>
Brief description:		\$				
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit	
Brief description:		\$		_		
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit	
Brief description:		\$				
Line from Schedule A/B:				an	0% of fair market value, up to y applicable statutory limit	-
Brief description:		\$		_ □ \$_		
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit	-
Brief description:		\$		□ \$.		
Line from Schedule A/B:					10% of fair market value, up to by applicable statutory limit	
Brief description:		\$				
Line from Schedule A/B:					00% of fair market value, up to ny applicable statutory limit	

any applicable statutory limit

Line from

Schedule A/B:

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Debtor 1	Phillip	Michael	Scott				
Deptor	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filling)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Southern District of New York							

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

for each claim. If more than one creditor ha	ore than one secured claim, list the creditor separately is a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collatera	TI.	Valu	mn B ue of collateral supports this m	Column C Unsecured portion If any
CEO Frobost, Am. Sec.Ins. Co.	Describe the property that secures the claim:	\$107,574	.00	\$	430,000.00	0.00
Creditor's Name 260 Interstate North Circle SE Number Street	12 Inverness Road Scarsdale NY 10583					
Atlanta GA 30339 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
Who owes the debt? Check one,	Nature of lien. Check all that apply.					
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		_				
Check if this claim relates to a community debt Date debt was incurred 06/16/2005	Last 4 digits of account number					
^{2.2} Tanya Morgan	Describe the property that secures the claim:	\$ 391,172	2.00	\$	430,000.00	68,722.57
Creditor's Name 21 Fair Field Estate Number Street	12 Inverness Road Scarsdale NY 10583					
Montego Bay St. James Jamaica	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	•:				
Who owes the debt? Check one.	Nature of lien, Check all that apply					
 ☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another 	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-				
☐ Check if this claim relates to a						

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Debtor 1	Phillip First Name	Michae Middle Name	el Scott	Case num	ber (#known)				
Part 1:	Additional Pa After listing an by 2.4, and so t	y entries on this pa	ge, number them beginning w	rith 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Val		portion If any	cured on
	Forbost, Am.	Sec. Ins.Co.	Describe the property that secu	res the claim:	\$430,000.00	\$_	430,000.00		0.00
260 Number		0111 010 0	12 Inverness Road Scarsdale NY 10583						
Atlar	nta	GA 30339 State ZIP Code	As of the date you file, the clain Contingent Unliquidated Disputed	n is: Check all that apply.					
Who ov	ves the debt? Che	ck ane.	Nature of lien. Check all that apply						
Deb	tor 1 only tor 2 only tor 1 and Debtor 2 o east one of the debto	•	 □ An agreement you made (such car loan) □ Statutory lien (such as tax lien, □ Judgment lien from a lawsuit □ Other (including a right to offset) 	mechanic's lien)					
	eck if this claim re nmunity debt	lates to a	Other (moldaling a right to once						
	bt was incurred	03/19/2012	Last 4 digits of account numbe	r_8_3_0_8					
			Describe the property that secu	ires the claim:	\$	\$_		\$	
	r's Name]				
Numbe	r Street		As of the date you file, the clair Contingent	n is: Check all that apply.	.1				
City		State ZIP Code	☐ Unliquidated☐ Disputed☐						
Who ov	wes the debt? Che	ck one.	Nature of lien, Check all that appl	y					
Det	otor 1 only otor 2 only otor 1 and Debtor 2 o	only	□ An agreement you made (such car loan)□ Statutory lien (such as tax lien,						
☐ Che	east one of the debto eck if this claim re nmunity debt		☐ Judgment lien from a lawsuit☐ Other (including a right to offse	t)	<u>s</u>				
	ebt was incurred		Last 4 digits of account number	er					
7			Describe the property that sec	ures the claim:	\$	\$		s	
	or's Name		besitive the property marcos						
Numbe	er Street								
City	112-112-112-112-112-112-112-112-112-112	State ZIP Code	As of the date you file, the clai Contingent Unliquidated Disputed	m is: Check all that apply	ie:				
	wes the debt? Che	eck one.	Nature of lien. Check all that app						
_	btor 1 only btor 2 only		An agreement you made (such car loan)						
☐ Del	btor 1 and Debtor 2	•	Statutory lien (such as tax lienJudgment lien from a lawsuit	, mechanic's lien)					
☐ Ch	east one of the debt		Other (including a right to offset	et)					
	mmunity debt ebt was incurred		Last 4 digits of account numb	er					
			in Column A on this page. W		e e				
			add the dollar value totals from		928,746.82	2			
	Mrito that numbe				\$	-			

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ebtor 1	Phillip First Name	Michael Middle Name Last Name	Scott	Case number (if known)
Part 2		to Be Notified for a Del	bt That You Aiready	y Listed
Use this agency vou hav	s page only if you h is trying to collect we more than one co	lave others to be notified abo	out your bankruptcy for to someone else, list th nat you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
CE	O Ron M. Faris	s, Ocwen Loan Servicir	ng LLC	On which line in Part 1 did you enter the creditor? $\frac{2.1}{}$
Nam	ne			Last 4 digits of account number 6 1 5
Num		Road, Suite 100		
We	est Palm Beach	FL	33409	
City		State	ZIP Code	0.0
		s, Ocwen Loan Servicir	ng LLC	On which line in Part 1 did you enter the creditor? 2.3 Last 4 digits of account number 8 3 0 8
160 Num	61 Worthington	Road, Suite 100		Last 4 digits of account number _0 0 _0 _0
We	est Palm Beach	ı FL	33409	_
City		State	ZIP Code	
		assel, Bank of New Yor	k Mellon	On which line in Part 1 did you enter the creditor? Last 4 digits of account number 8 3 0 8
Nan 22 Nun		Street		Last 4 digits of account number
— Ne	ew York	NY	10281	_
City		State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Nan	ne			Last 4 digits of account number
Nun	nber Street			
				_ :
City	1	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
Nar	me			Last 4 digits of account number
Nur	nber Street			
City	/	State	ZIP Code	-
7	4			On which line in Part 1 did you enter the creditor?
Nar				Last 4 digits of account number
Nur	mber Street			
City	y	State	ZIP Code	

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Debtor 1	Phillip	Michael	Scott		
JODIOI I	First Name		Middle Name	Last Name	
Debtor 2 Spouse, if filing) First Name		Middle Name	Last Name	
Jnited States	Bankruptcy (Court for the: Sou	thern District of I	New York	

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

4	Do any creditors have priority unsecured claims	s against you?			
	No. Go to Part 2.	agamat your			
	Yes.				
2	List all of your priority unsecured claims. If a cr	editor has more than one priority unsecured claim, list th	e creditor separ	ately for each	claim. For
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of	a claim has both priority and nonpriority amounts, list th claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim	at claim here an ame. If vou have	d show both pr more than two	ority and priority
	(For an explanation of each type of claim, see the i	nstructions for this form in the instruction bookiet.)	Total claim	Priority amount	Nonpriority amount
2.1	United States Int. Rev. Serv.	Last 4 digits of account number	\$ 95,000.00	\$ <u>35,000.00</u>	\$0.00
	1500 Pennsylvania Avenue, NW	When was the debt incurred? 07/17/2016			
		As of the date you file, the claim is: Check all that apply	Y es		
1	Washington DC 20200	☐ Contingent			
	City State ZIP Code	☑ Unliquidated			
p	Who incurred the debt? Check one.	☑ Disputed			
5	Debtor 1 only				
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	 Domestic support obligations 			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
	□ No	Other. Specify			
	☐ Yes				
2.2	N.Y. Dept. of Taxation and Finance	Last 4 digits of account number	\$ 20,000.00	\$20,000.00	\$0.00
	Priority Creditor's Name	When was the debt incurred?			
	Building 9 WA Hariman Campus	Wildit W20 11/0 4021 11/021			
	Number Street	As of the date you file, the claim is: Check all that apply	/-		
	Albany NY 12227	Contingent			
	Albany NY 12227 City State ZIP Code	☑ Unliquidated			
1	Who incurred the debt? Check one.	☑ Disputed			
	Debtor 1 only				
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset? ☐ No	Other, Specify	-		
	☐ Yes				

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Debtor 1

Phillip

ip Michael

Scott

Case number (# known)

Par			Total claim	Priority	Nonpriority
Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	TOTAL CIBIM	amount	amount
ø		Last 4 digits of account number	\$	\$	\$
۴	Priority Creditor's Name	When was the debt incurred?			
T	Number Street				
		As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	☐ Contingent ☐ Un(iquidated			
		☐ Disputed			
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
	☐ Debtor 1 only ☐ Debtor 2 only	ž.			
	☐ Debtor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other Specify			
	Is the claim subject to offset?				
	□ No				
	Yes				
		Last 4 digits of account number	\$	\$	\$
	Priorily Creditor's Name	When was the debt incurred?			
	Number Street				
J		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
ž w	Who incurred the debt? Check one,	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	☐ Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other, Specify			
	Is the claim subject to offset?				
	□ No				
	Yes				
	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
	Phoney Greator a Martie	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one	☐ Disputed	2		
a.	Debtor 1 only	Type of PRIORITY unsecured claim:			
	☐ Debtor 2 only	☐ Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
2	At least one of the debtors and another	☐ Claims for death or personal injury while you were			
-	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?				
	□ No				
	Yes				

16-12045-jlg Doc 1 Filed 07/20/16 Entered 07/20/16 09:10:29 Main Document Pg 29 of 66 Phillip Michael Scott Case number (if known) Debtor 1 List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is, Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number 0 1 6 3 CEO Andrew McGuire: St. Cont. d/b/a Cap. Ind. 79,544.37 Nonpriority Creditor's Name When was the debt incurred? Saw Mill Road Number Street

	Yonkers NY	10701	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code		
			Contingent	
	Who incurred the debt? Check one		Unliquidated	
	Debtor 1 only		Disputed	
	Debtor 2 only		T. CHONDRIODITY	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another		☐ Student loans	
	☐ Check if this claim is for a community de	bt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	☑ No		Other. Specify	
	Yes			
	9		Last 4 digits of account number	\$
-	Nonpriority Creditor's Name		When was the debt incurred?	
		<u> </u>	-	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	•		☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community de	ebt	that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	No		Other, Specify	
	Yes			
			Last 4 digits of account number	
	Nonpriority Creditor's Name		When was the debt incurred?	\$
	Number Street		-	
			As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one,		☐ Unliquidated	
	☐ Debtor 1 only .		Disputed	
	Debtor 2 only		- Sispared	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			
	☐ Check if this claim is for a community de	aht	 Student loans Obligations arising out of a separation agreement or divorce 	
		7DL	that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	□ No		Other. Specify	
	☐ Yes			

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Debto	or 1 Phillip	Michael Middle Name	Scott Last Name	Case number (if known)	
Par	t 2: Your NON	IPRIORITY Uns	secured Claims — Co		
Afte	r listing any entri	es on this page, I	number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim
Ш				Last 4 digits of account number	\$
	Nonpriority Creditor's N	ame		When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City Who incurred the	debt? Check one.	State ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the	ebtor 2 only ne debtors and anoth		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify	
5	Nonpriority Creditor's N	lame		Last 4 digits of account number	\$
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City Who incurred the	debt? Check one.	State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and De At least one of t	ebtor 2 only he debtors and anot	her	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this o	claim is for a comi ect to offset?	munity debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
				Last 4 digits of account number	\$
	Nonpriority Creditor's N	√ame		When was the debt incurred?	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Сіту		State ZIP Code	Contingent	
5	Debtor 1 only	e debt? Check one.		☐ Unliquidated☐ Disputed☐	
	Debtor 2 only Debtor 1 and D	ebtor 2 only		Type of NONPRIORITY unsecured claim: Student loans	
	- DODGE FAIRED			■ Studentioans	

■ Student loans

Other Specify___

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts

☐ No ☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

lacksquare Check if this claim is for a community debt

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Debtor 1

Phillip

Michael

Scott

Case number (if known)

Part	3:

List Others to Be Notified About a Debt That You Already Listed

	SCHOOL VAC	additional persor	ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?		
Mayor Spano, City (of Yorkers		On which entry in rait 1 of rait 2 did you list the original oreator.		
87 Nepperihan Ave	nue		Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Cla		
			Last 4 digits of account number 0 1 6 3		
Yonkers Dity	NY State	10701 ZIP Code	Last 4 digits of account number		
CEO George McGu	ire, AAA Cartir	ng Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?		
	River Road		Line 4.1 of (Check one): \square Part 1: Creditors with Priority Unsecured Claims		
Number Street	11.0		Part 2: Creditors with Nonpriority Unsecured Claims		
Yonkers	NY State	10701 ZIP Code	Last 4 digits of account number 0 1 6 3		
CEO Andrew McG	uire, AAA Cart.&	Rub. Rem	On which entry in Part 1 or Part 2 did you list the original creditor?		
555 Saw Mill River	Road		Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Cla		
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims		
Yonkers	NY State	10532 ZIP Code	Last 4 digits of account number 0 1 6 3		
Name			On which entry in Part 1 or Part 2 did you list the original creditor?		
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
	State	ZIP Code	Last 4 digits of account number		
City	State	ZIF Code	On which entry in Part 1 or Part 2 did you list the original creditor?		
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims		
City	State	ZIP Code	Last 4 digits of account number		
Name			On which entry in Part 1 or Part 2 did you list the original creditor?		
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured		
			Claims		
City	State	ZIP Code	Last 4 digits of account number		
Name			On which entry in Part 1 or Part 2 did you list the original creditor?		
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claim: Part 2: Creditors with Nonpriority Unsecured		
			Claims		
City	State	ZIP Code	Last 4 digits of account number		

Debtor 1

T.

Phillip

Michael Middle Name

Scott

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$115,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
S	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$115,000.00

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

Total claim

Total claim

- 6f. 0.00
- 0.00 6g.
- 0.00 6h.
- 0.00
- 6j. 0.00

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Debtor	Phillip	Michael	Scott	
Debtoi	First Name	Middle Name	Last Name	
Debtor 2 (Spouse If filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	or the: Southern District of I	New York	•

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
 example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
 unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

CEO/ President, Dr. Jose A. Cabral, Cabrimar, S.R.L.	Inventor's Royalties: Debtor in possession responsible for research & development, manifacturing technical
41 Suite 305. Ens. Luperno, Calle Pedro Cedeno D.R.	consultation, public relations, parts procurement,
Number Street	troubleshooting as welll as technical updates.
City State ZIP Code	-
CEO Tanya Morgan, Philangco Corp. Jamaica	Payment upon completetion of:
Name	a. Acquisition benchmarks
21 Fair Field Estate Montego Bay St. James Jamaica	b. Perform. Spec. in PPM for Taphi
Number Street	c. Perform. Spec. in PPM for Elhydro and Palmyra
City State ZIP Code	
CEO John Finnegan, Great Northern Insurance Company	Indemnification for fire loss of house (01//01/15).
Name	
15 Mountainview Road	
Number Street	
Warren NY 07059	
City State ZIP Code	
CEO Peter Hancock, AIG	Indemnification for fire loss of house (01/01/15).
Name	-
70 Pine Street, 38 Floor	
Number Street	
New York NY 10270	
City State ZIP Code	
5 CEO John Frobost, American Security Ins. Company	Indemnification for fire loss of house (01/01/15).
Name	
260 Interstate North Circle	-
Number Street	
Atlanta GA 30339	
City State ZIP Code	

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ebtor 1	Phillip		Micha	ael Last Name	Scott	Case number (#known)
				ve More Co	ntracts or Leases	
Pe	erson or co	mpany with wh	om you l	nave the cont	ract or lease	What the contract or lease is for
Pe	Carlos M	Sosa Strebei	r			Architectual Services
Na	ame					-
		atan Avenue				ē.
	/lount Ver		NY	10552		
Cit			State	ZIP Code		-
-	ame					=
Nu	umber S	Ireet				
Ci	ity	55	State	ZIP Code		
Na	ame					
Ni	umber 5	Street				
Ci	ity		State	ZIP Code		
Na	ame					=/
N	lumber 5	Street				_
CI	ilty		State	ZIP Code		_
_						
N	lame					=
N	lumber S	Street				-
c	City		State	ZIP Code		=
_						
N	lame	64.0°				
N	lumber :	Street				
	City		State	ZIP Code		
4	1					
N	lame					_
N	Number	Street				
C	City		State	ZIP Code		
	Name					_
		Street				
	City		State	ZIP Code		
	III		SIBLE	/ IE (/(XIE		

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Fill in this information to identify	yyour case:				
Debtor 1 Phillip		Scott			
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name United States Bankruptcy Court for the	Southern District of New Yo	Last Name			
	Oddinom Blouret of New 15	··· 🔲		Check if the	nis is:
(If known)				🗖 An am	ended filing
					plement showing postpetition chapter 13 e as of the following date:
Official Form 106I	_ ;			MM / D	D / YYYY
Schedule I: Yo	ur Income				12/15
numbring approach information of	you are married and not fil ouse is not filing with you, ne top of any additional na	ing jointly, and you do not include info	ur spouse is ormation ab	s living with y oout your spo	or 2), both are equally responsible for you, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1	9		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.					
Occupation may include studen or homemaker, if it applies.	Occupation t	RE, M&M: Inv		d Dev.	
	Employer's name	Phillip Michae	el Scott		
	Employer's address	12 Inverness Number Street	Road		Number Street
ž.					
		Scarsdale	NY State ZI	10583	City State ZIP Code
	How long employed the	•			
Part 2: Give Details Abo	ut Monthly Income				
Estimate monthly income as spouse unless you are separate If you or your non-filing spouse below. If you need more space	ed. have more than one employ	er, combine the info			rite \$0 in the space. Include your non-filing for that person on the lines
			F	or Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, s deductions). If not paid month	alary, and commissions (bly, calculate what the month	pefore all payroll ly wage would be.	2. \$_	0.00	\$
3 ₅ Estimate and list monthly o	vertime pay.		3. +\$_	0.00	+ \$
4. Calculate gross income. Add	d line 2 + line 3.		4. \$_	0.00	\$

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Debtor 1	Phillip Michael Scott		Cas	e number (# known	0	
			For	Debtor 1	For Debtor 2 or non-filing spouse	
Conv	y line 4 here	→ 4.	\$	0.00	\$	
	all payroll deductions:					
	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	
	Voluntary contributions for retirement plans	5c.	s	0.00	\$	
	Required repayments of retirement fund loans	5d.	\$	0.00	\$	
	Insurance	5e.	s	0.00	\$	
	Domestic support obligations	5f.	\$	0.00	\$	
		5g.	\$	0.00	\$	
_	Union dues	5h.	+¢	0.00	+ \$	
	Other deductions. Specify:			0.00	Φ	
6. Add	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	6.	\$	0.00	3	
7. Cale	culate total monthly take-home pay. Subtract line 6 from line 4.	7,	\$	0.00	\$	
	all other income regularly received:					
8a.	Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	12,159.06	\$	
	Interest and dividends	8b.	\$	0.00	\$	
8c.	Family support payments that you, a non-filing spouse, or a depend regularly receive	lent				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
	Unemployment compensation . Social Security	8d. 8e.	\$ \$	0.00	\$ \$	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance 8f.	\$	0.00	\$	
0		- 8g.	4	0.00	\$	
- 5	Pension or retirement income	_	+s	0.00	+\$	
	Other monthly income. Specify:	8h. 9.		12,159.06	\$	
10. Cal o	culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	12,159.06	+ \$=	\$
Incl frier	te all other regular contributions to the expenses that you list in Sch lude contributions from an unmarried partner, members of your household nds or relatives.	, your c	lepend			
	not include any amounts already included in lines 2-10 or amounts that are			e to pay expen	ses listed in <i>Schedule J.</i> 11. -1	\$
12. Add	d the amount in the last column of line 10 to the amount in line 11. The ite that amount on the Summary of Your Assets and Liabilities and Certain	ne resul	t is the	combined molormation, if it a	nthly income. upplies 12.	\$ 12,159.06 Combined monthly income
	you expect an increase or decrease within the year after you file thi					
	Yes. Explain: It is possible I will receive payments on claim	or co	ntiger	nt assets.		

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Fill in this	information to identify	your case:					
Debtor 1	Phillip	Michael	Scott				
	First Name	Middle Name	Last Name	Check if			
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name		mended fili	-	estition abantor 12
United State	es Bankruptcy Court for the:	Eastern District of N	ew York			nowing postp the following	etition chapter 13 date:
Case number	er			MM /	DD / YYYY	_	
(If known)							
Official	Form 106J	× ×					
Sche	dule J: Yo	ur Exper	ises				12/15
information	olete and accurate as po i. If more space is need Answer every question	ed, attach another	ied people are filii sheet to this form	ng together, both are equal . On the top of any addition	ly responsib ial pages, wi	le for supplyi	ng correct e and case number
Part 1:	Describe Your Hou	ısehold					
1. Is this a j	oint case?						
	Go to line 2. Does Debtor 2 live in a	separate household	1?				
Ţ	☐ No						
[Yes. Debtor 2 must fi	le Official Form 106J	-2, Expenses for S	eparate Household of Debtor	r 2.		
•	ave dependents?	☑ No ☐ Yes. Fill out the second of the	nis information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Debtor 2.		each depende	ent		_		□ No
Do not sta	ate the dependents'						☐ Yes
							□ No
					3		☐ Yes
	¥0						U No □ Yes
							☐ No
				: 			☐ Yes
							☐ No ☐ Yes
							Yes
expense	expenses include s of people other than and your dependents?	☑ No □ Yes					
Port 2	Estimate Your Ongo	ing Monthly Eyn	enses				
				are using this form as a sup	plement in	a Chapter 13	case to report
expenses a	as of a date after the ba	nkruptcy is filed. If	this is a supplem	ental Schedule J, check the	box at the	top of the form	m and fill in the
Include exp	penses paid for with no					V	
	tance and have include				. 9	Your expe	enses
	tal or home ownership t for the ground or lot.	expenses for your	residence. Include	e first mortgage payments and	d 4≟	\$	0.00
If not in	ncluded in line 4:					Φ.	0.00
	eal estate taxes				4a.	\$	0.00
	operty, homeowner's, or				4b.	\$	0.00
	ome maintenance, repair	•			4c.	Φ	0.00
4d Ho	omeowner's association	or condominium due	S		4d.	\$	0.00

2

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Scott Phillip Michael Case number (if known)_ Debtor 1

			Your exp	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
c	Utilities:			
6.	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
2	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	60.00
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	800.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	400.00
10.	Personal care products and services	10.	\$	150.00
11	Medical and dental expenses	11.	\$	40.00
12	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$	675.00
13	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	155.00
ď	15d, Other insurance. Specify:	15d,	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	2,441.67
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other, Specify:	17c.	\$	0.00
	17d. Other Specify:	17d,	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19,	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		4 642 20
	20a. Mortgages on other property	20a ₊	\$	4,643.28
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Phillip Michael Scott Case number (# known) Debtor 1 Middle Name Other. Specify: Legal Filing fees, Service of process. 91.17 22. Calculate your monthly expenses. 0.00 22a. Add lines 4 through 21. 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 0.00 22b. 0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 23. Calculate your monthly net income. 12,159.06 23a 23a. Copy line 12 (your combined monthly income) from Schedule I. 10,456.52 Copy your monthly expenses from line 22c above. 23b. Subtract your monthly expenses from your monthly income. 1,702.54 The result is your monthly net income. 2 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Explain here: It is possible I will receive payments on claims or contingent assets. Yes.

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riii iii uiis iii	formation to ide	itily your case.		
Debtor 1	Phillip	Michael	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court for	rthe: Southern District of N	New York	
Case number (If known)	=======================================	+		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

ľ No		
Yes. Name of person	Attach Bankruptcy Petitic	on Preparer's Notice, Declaration, and
	Signature (Official Form	119).
		and a second
	the summary and schedules filed with this d	eclaration and
	the summary and schedules filed with this d	eclaration and
der penalty of perjury, I declare that I have read It they are true and correct.	the summary and schedules filed with this d	eclaration and
	the summary and schedules filed with this d	eclaration and

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Fill in this in	nformation to id	entify your case:		
Debtor 1	Phillip First Name	Michael	Scott Last Name	
Debtor 2 (Spouse, if filing)	Printer	Middle Name	Last Name	
	,	or the: Southern District of N		-
Case number (If known)	*			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

☐ Married ☑ Not married				
During the last 3 years, have you	ou lived anywhere o	ther than where you	live now?	
Yes. List all of the places you	ı lived in the last 3 ye	ars. Do not include v	here you live now.	
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
			Same as Debtor 1	☐ Same as Debtor
12 Inverness road		From 07/20/2005		From
Number Street		To 07/19/2016	Number Street	То
000.000.0	NY			
City	State ZIP Code		City Sta	ate ZIP Code
			Same as Debtor 1	Same as Debtor
21		From	Number Street	From
Number Street		То	Number Street	To
3	·			
City	State ZIP Code		City Sta	ate ZIP Code

Part 2: Explain the Sources of Your Income

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Did you have any income from employment	t or from operating a but from all jobs and all busi	siness during this year nesses, including part-tin	or the two previous cale	ndar years?
you are filing a joint case and you have inco	me that you receive toget	her, list it only once unde	r Debtor 1.	
☑ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
and date you meet to. Damin aprey.	Operating a business		Operating a business	
For last calendar year: (January 1 to December 31,2014)	☐ Wages, commissions, bonuses, tips☑ Operating a business	\$98,000.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
(January 1 to December 31,2014	Operating a business		Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips	s 145,908.72	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2015	Operating a business	<u> </u>	Operating a business	*
nclude income regardless of whether that inc inemployment, and other public benefit paym jambling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
nclude income regardless of whether that incuremployment, and other public benefit paym gambling and lottery winnings. If you are filing list each source and the gross income from each	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D	s of other income are alin ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and
nclude income regardless of whether that incuremployment, and other public benefit paym gambling and lottery winnings. If you are filing list each source and the gross income from each	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav	s of other income are alin ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and e under Debtor 1.
nclude income regardless of whether that incuremployment, and other public benefit paym gambling and lottery winnings. If you are filing list each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav ach source separately. D	s of other income are alin ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source
nclude income regardless of whether that incomendation incoment, and other public benefit paymy gambling and lottery winnings. If you are filing list each source and the gross income from e No Yes. Fill in the details.	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that incuremployment, and other public benefit paym gambling and lottery winnings. If you are filing list each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that incomendation income regardless of whether that incomendation incoments and other public benefit payments and lottery winnings. If you are filing it each source and the gross income from each of the pross income from each other winnings. If you are filing it is each source and the gross income from each other winnings. If you are filing it is each source and the gross income from each other winnings.	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions an
Include income regardless of whether that include income regardless of whether that including and lottery winnings. If you are filing a sist each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions an
Include income regardless of whether that incomenployment, and other public benefit paying gambling and lottery winnings. If you are filing a case and the gross income from a survey of the second source and the gross income from a survey. If you are filing the gross income from a survey of the second source and the gross income from a survey of the second source and the gross income from a survey of the second source and the gross income from a survey of the second source of the second	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
nclude income regardless of whether that incomendation and other public benefit paying ambling and lottery winnings. If you are filing a list each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
Include income regardless of whether that incurrently property and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2014	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions) \$	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and
the date you filed for bankruptcy: For last calendar year:	ome is taxable. Examples ents; pensions; rental inc. a joint case and you have ach source separately. Debtor 1 Sources of income	s of other income are alinome; interest; dividends; e income that you receiv to not include income that Gross income from each source (before deductions and	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and e under Debtor 1. Gross income from each source (before deductions and

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First	MAN (A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	chael Last Name	Scott	Case r	number (if known)	
	Name Middle Name	Last Name				
	8					
3: List	t Certain Payments \	ou Made Befor	e You Filed	for Bankruptcy		
e either C	Debtor 1's or Debtor 2's	debts primarily co	nsumer debt	s?		
					re defined in 11 U.S.C. § 101(i	8) ac
a No. Ne "inc	curred by an individual pri	imarily for a person	al, family, or h	ousehold purpose."	e defined in 11 o.o.o. g 101/	0) 43
Du	ring the 90 days before ye	ou filed for bankrup	tcy, did you pa	ay any creditor a total of	\$6,425* or more?	
M	No. Go to line 7.					
		794	. 1 (60000) 2	00 40E		
	total amount you pa	aid that creditor. Do	not include pa	ayments for domestic su	or more payments and the upport obligations, such as	
	child support and a	limony. Also, do no	t include payn	nents to an attorney for	this bankruptcy case.	(9)
* S	Subject to adjustment on 4	/01/19 and every 3	years after th	at for cases filed on or a	after the date of adjustment.	
Yes. De	btor 1 or Debtor 2 or bo	th have primarily	consumer de	bts.		
Du	ring the 90 days before y	ou filed for bankrup	tcy, did you pa	ay any creditor a total of	\$600 or more?	
	No. Go to line 7.					
ш	Yes. List below each cre	editor to whom you	paid a total of	\$600 or more and the to ort obligations, such as	otal amount you paid that child support and	
	alimony. Also, do n	ot include paymen	s to an attorne	ey for this bankruptcy ca	ise.	
	-					
	6		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			, ,			
				\$	\$	☐ Mortgage
	Creditor's Name					Car
	Number Street					Credit card
						Loan repayment
						☐ Suppliers or vendo
	City State	z IP Code				Other
	Oity					
				\$	\$	☐ Mortgage
	Creditor's Name			Ψ		☐ Mortgage
						Credit card
	Number Street		-			_
						Loan repayment Suppliers or vende
						Other
	City State	e ZIP Code				Utner
	Olly Ollan					
	J.,			\$	\$	Mortgage
	Creditor's Name		8	\$	\$	☐ Mortgage
				\$	\$	☐ Car
				\$	\$	☐ Car ☐ Credit card
	Creditor's Name			\$	\$	Car Credit card Loan repayment
	Creditor's Name			\$	\$	☐ Car ☐ Credit card

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	Phillip	Michael	Scott		Case number (#known)_	
	First Name	Middle Name Last Name				
sid orpo gen	ers include your	you filed for bankruptcy, did y relatives; any general partners; re you are an officer, director, perso for a business you operate as a s and alimony.	elatives of any on in control, o	general partners; partners; partners	artnerships of which nore of their voting	n you are a general partner; securities; and any managing
ſ						
		ents to an insider.				
	-		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				s	\$	
	Insider's Name					
	Number Street			59		
	Number Street					
	City	State ZIP Code				
	Insider's Name			\$	\$	(A)
	maider a Marrie					
	Number Street					
		710.0.1	2			
	City	State ZIP Code				
/ith	in 1 year before	you filed for bankruptcy, did y	ou make any	payments or trans	fer any property o	n account of a debt that benefited
	n sider? ide navments on	debts guaranteed or cosigned by	v an insider.		¥2	
		radbio gadranicoda or obolgilod b	,			
	No Vas Tistall navn	nents that benefited an insider.				
	i ca. Liat ali payri	nonto triat borionto a un mordor.	Dates of	Total amount	Amount you still	Reason for this payment
	3		payment	paid	owe	Include creditor's name
				\$	\$	
	Insider's Name			\		
	Number Street					
	Hambor Stroot					
	City	State ZIP Code	-			
				\$	\$	
	Insider's Name					
	Number Street					
	-					
	City	State ZIP Code	-			

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tor 1	Phillip	Michael		Scott	Case number (# known)	
	First Name Midd	le Name Last	l Name				
art 4:			_	, and Foreclosures			2
Withir List all	n 1 year before you Il such matters, inclu	filed for bankrup ding personal injur	i tcy, were y ry cases, s⊓	/ou a party in any lawsi nall claims actions, divor	uit, court action, or admi ces, collection suits, pater	nistrative proceedi nity actions, support	ng r or custody modification
	ontract disputes.	, 0,					
□ No	o						
∠ Ye	es. Fill in the details.						Status of the case
			11	of the case	Court or agency		Status of the case
	Case title The Bank	of NY Mellon	rorecic	osure proceedings	Supr. Ct. NY. Co.	West. County	Pending
			-		111 Dr Martin Lu	ter King Blyd	On appeal
-2	vs. BC, MGL, PS	o et ai			Number Street	ter King biva.	Concluded
C	Case number 16486	3/08			White Plains	NY 12601	_
					City Sta	te ZIP Code	
							П
C	Case title				Court Name		Pending On appeal
1			=		N Phys. I		Concluded Concluded
					Number Street		Concided
Within Check	k all that apply and f	ill in the details bel		ny of your property rep	City Sta		seized, or levied?
Within Check	i n 1 year before you k all that apply and f	ill in the details bel					
Within Check	in 1 year before you k all that apply and f lo. Go to line 11.	ill in the details bel		Describe the property 12 Inverness Road	ossessed, foreclosed, g	arnished, attached	
Within Check	in 1 year before you k all that apply and f lo. Go to line 11. es, Fill in the informa	ill in the details bel	low.	Describe the property	ossessed, foreclosed, g	arnished, attached	
Within Check	in 1 year before you k all that apply and for the line 11. The same of the line information of the line information of the line of the line information of the line of the lin	ill in the details bel ation below. Hassel; BNY N	low.	Describe the property 12 Inverness Road	ossessed, foreclosed, g	arnished, attached Date	Value of the property
Within Check	in 1 year before you k all that apply and for Go to line 11. des, Fill in the information of Georgian CEO Gerald Creditor's Name	ill in the details bel ation below. Hassel; BNY N	low.	Describe the property 12 Inverness Road Explain what happened	ossessed, foreclosed, g	arnished, attached Date	Value of the property
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of CEO Gerald Creditor's Name	ill in the details bel ation below. Hassel; BNY N	low.	Describe the property 12 Inverness Road Explain what happened Property was rep	ossessed, foreclosed, g	arnished, attached Date	Value of the property
Withi i Check	in 1 year before you k all that apply and for the information of the i	ill in the details bel ation below. Hassel; BNY N	Mellon	Describe the property 12 Inverness Road Explain what happened Property was rep Property was fore	ossessed, foreclosed, g	arnished, attached Date	Value of the property
Withi i Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of CEO Gerald Creditor's Name	ill in the details bel ation below. Hassel; BNY M Street	low.	Describe the property 12 Inverness Road Explain what happened Property was rep Property was fore Property was gar	ossessed, foreclosed, g	arnished, attached Date	Value of the property
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of the control of the	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Describe the property 12 Inverness Road Explain what happened Property was rep Property was fore Property was gar	ossessed, foreclosed, g	arnished, attached Date	Value of the property \$_430,000.00
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of the control of the	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was rep Property was gar Property was atta	ossessed, foreclosed, g	Date 03/25/2009	Value of the property \$_430,000.00
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of the control of the	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was rep Property was gar Property was atta	ossessed, foreclosed, g	Date 03/25/2009	Value of the property \$_430,000.00
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of the control of the	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was rep Property was gar Property was atta	ossessed, foreclosed, g	Date 03/25/2009	Value of the property \$_430,000.00\$ Value of the property
Within Check	in 1 year before you k all that apply and f io. Go to line 11. es, Fill in the information of the control of th	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was rep Property was gar Property was atta	ossessed, foreclosed, g	Date 03/25/2009	Value of the property \$_430,000.00 Value of the property
Within Check	in 1 year before you k all that apply and foo. Go to line 11. es, Fill in the information of the control of the	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was rep Property was gar Property was atta	ossessed, foreclosed, g ossessed. eclosed. nished. ached, seized, or levied.	Date 03/25/2009	Value of the property \$_430,000.00\$ Value of the property
Within Check	in 1 year before you k all that apply and f io. Go to line 11. es, Fill in the information of the control of th	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Describe the property 12 Inverness Road Explain what happened Property was rep Property was fore Property was gar Property was atta	ossessed, foreclosed, g ossessed. ossessed. nished. oched, seized, or levied.	Date 03/25/2009	Value of the property \$_430,000.00\$ Value of the property
. Withi i Check	in 1 year before you k all that apply and f io. Go to line 11. es, Fill in the information of the control of th	ill in the details bel ation below. Hassel; BNY M Street	Mellon	Explain what happened Property was fore Property was gar Property was atta Describe the property Explain what happened Property was fore Property was atta Describe the property Property was rep Property was rep Property was fore	ossessed, foreclosed, gossessed. eclosed. hished. eched, seized, or levied.	Date 03/25/2009	Value of the property \$_430,000.00\$ Value of the property
. Withi i Check	in 1 year before you k all that apply and f io. Go to line 11. es, Fill in the information of the control of th	ation below. Hassel; BNY M Street NY 1 State ZIP	Mellon	Explain what happened Property was fore Property was gar Property was atta Describe the property Explain what happened Property was atta Describe the property Property was rep Property was fore Property was fore Property was gar	ossessed, foreclosed, gossessed. eclosed. hished. eched, seized, or levied.	Date 03/25/2009	Value of the property \$_430,000.00\$ Value of the property

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No Yes. Fill in the details. Describ Creditor's Name Number Street	owed a debt? e the action the creditor took	or financial institution, set off any amounts from your Date action Amount was taken
No Yes. Fill in the details. Describ Creditor's Name Number Street	owed a debt? e the action the creditor took	Date action Amount was taken
No Yes. Fill in the details. Describ Creditor's Name Number Street	owed a debt? e the action the creditor took	Date action Amount was taken
Creditor's Name Number Street	owed a debt? e the action the creditor took	Date action Amount was taken
No Yes. Fill in the details. Describ Creditor's Name Number Street	e the action the creditor took	was taken
Ves. Fill in the details. Describ Creditor's Name Number Street		was taken
Creditor's Name Number Street		was taken
Creditor's Name Number Street		was taken
Number Street		
Number Street		\$
		\$
City State ZIP Code Last 4 of		
City State ZIP Code Last 4 c		
City State ZIP Code Last 4 (
	digits of account number: XXXX-	
ithin 1 year before you filed for bankruptcy, was a	ny of your property in the pos	session of an assignee for the benefit of
reditors, a court-appointed receiver, a custodian, o	r another official?	
1 No		
Yes		
- 100		
5: List Certain Gifts and Contributions		
ithin 2 years before you filed for bankruptcy, did y	ou give any gifts with a total v	value of more than \$600 per person?
	ou give any gines man a teren i	
1 No		
Yes. Fill in the details for each gift.		
		To a Maria
Gifts with a total value of more than \$600 Describ per person	e the gifts	Dates you gave Value the gifts
per person		
		620
Person to Whom You Gave the Gift		
1 district which for days the City		
		<u> </u>
Number Street		
City State ZIP Code		
·		
Person's relationship to you		
	e the gifts	Dates you gave Value the gifts
per person		
		•
Person to Whom You Gave the Gift		Ψ
		\$
1		
Number Clean		
Number Street		
Number Street City State ZIP Code		

2

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ebtor 1	Phillip First Name	Michael Middle Name Last	Scott	Case number (# known)		
	First Name in	windle Name Cast i	ame			
. With	in 2 years before	you filed for bankrup	tcy, did you give any gifts or conti	ibutions with a total value	of more than \$60	0 to any charity?
U	Yes. Fill in the detai	ils for each gift or conti	ibution.			
	Gifts or contribution		Describe what you contributed		Date you contributed	Value
	that total more than	\$600			Commodica	
						\$
2	Charily's Name					Ψ
G						\$
					*	
8	Number Street					
39	City State	ZIP Code				
art 6	List Certain	Lossos				
art c	List Gertair					
_	Yes. Fill in the deta Describe the prope how the loss occur	rty you lost and	Describe any insurance coverage for Include the amount that insurance has claims on line 33 of Schedule A/B: Pro	s paid. List pending insurance	Date of your loss	Value of property lost
						\$
_						
art 7	List Certain	Payments or Tran	sfers			
you	consulted about	seeking bankruptcy	tcy, did you or anyone else acting or preparing a bankruptcy petition eparers, or credit counseling agencie	?		to anyone
	No Yes. Fill in the deta	tils.				
	Kim DSouza		Description and value of any prope		Date payment or transfer was made	Amount of payment
	32 Washingtor	n Place	Filing fees for chapter 13 a proceedings plus service of		01/18/2016	\$1,100.00
						\$
	Newburgh Gity	NY 12550 State ZIP Code				
	misterdsouza@ Email or website addres					
	Person Who Made the	Payment, if Not You				

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	Description and value of any property t	ransferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
			-	\$
Number Street				\$
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				
	Description and value of any property t	ransferred	Date payment or transfer was made	Amount of paym
No Yes. Fill in the details.				
	Description and value of any property t	ransferred	transfer was	Amount of paym
Person Who Was Paid				
1 1 01 1				rt.
Number Street				Φ
Number Street				\$
City State ZIP Code		transfer any property to	o anyone, other th	\$an property
City State ZIP Code	business or financial affairs? nade as security (such as the granting o			
thin 2 years before you filed for bankrup insferred in the ordinary course of your leads to both outright transfers and transfers in not include gifts and transfers that you have No	business or financial affairs? nade as security (such as the granting o		ortgage on your pro	operty).
city State ZIP Code thin 2 years before you filed for bankrup insferred in the ordinary course of your I clude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for	Describe any property or debts paid in exchan	ortgage on your pro or payments received nge ending release	operty). d Date transfe
thin 2 years before you filed for bankrup insferred in the ordinary course of your lead to both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details.	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of Elhydro and its accessories	of a security interest or m Describe any property of or debts paid in exchange.	ortgage on your pro or payments received nge ending release	operty). d Date transfe
city State ZIP Code thin 2 years before you filed for bankrup insferred in the ordinary course of your I clude both outright transfers and transfers in not include gifts and transfers that you hav No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer 41 Suite 305 Ens. Luperon	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of	Describe any property or debts paid in exchans \$5,000.000.00 pe from escrow to De	ortgage on your pro or payments received nge ending release	operty). d Date transfe
city State ZIP Code thin 2 years before you filed for bankrup insferred in the ordinary course of your I clude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer 41 Suite 305 Ens. Luperon Number Street	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of Elhydro and its accessories and parts for 20 years for	Describe any property or debts paid in exchans \$5,000.000.00 pe from escrow to De	ortgage on your pro or payments received nge ending release	operty). d Date transfe
thin 2 years before you filed for bankrup insferred in the ordinary course of your lidude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer 41 Suite 305 Ens. Luperon Number Street Calle Pedro Live Cedno D.R.	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of Elhydro and its accessories and parts for 20 years for	Describe any property or debts paid in exchans \$5,000.000.00 pe from escrow to De	ortgage on your pro or payments received nge ending release	operty). d Date transfe
thin 2 years before you filed for bankrup insferred in the ordinary course of your lidude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer 41 Suite 305 Ens. Luperon Number Street Calle Pedro Live Cedno D.R.	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of Elhydro and its accessories and parts for 20 years for \$300,000,000.00 Cabrimar S.R.L. Inventor	Describe any property or debts paid in exchan \$5, 000.000.00 pe from escrow to De Possesion.	ortgage on your pro or payments received age ending release ebtor in	Derty). Date transfe was made
thin 2 years before you filed for bankrup insferred in the ordinary course of your lided both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details. Cabrimar S.R.L. Person Who Received Transfer 41 Suite 305 Ens. Luperon Number Street Calle Pedro Live Cedno D.R. City State ZIP Code Person's relationship to you. Philangco Corp. Jamaica	business or financial affairs? nade as security (such as the granting of the already listed on this statement. Description and value of property transferred transfer exclusive rights for the distribution and sales of Elhydro and its accessories and parts for 20 years for \$300,000,000.00	Describe any property or debts paid in exchan \$5, 000.000.00 pe from escrow to De Possesion.	ortgage on your pro or payments received nge ending release ebtor in	Derty). Date transfe was made

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reabo	10 years before you filed for be eneficiary? (These are often calls. Fill in the details.	ankruptcy, did you transfer ar lied asset-protection devices.) Description and value of			t or similar device of w	hich you Date transfer was made
reabo No Yes	eneficiary? (These are often cal	lled asset-protection devices.)			t or similar device of w	Date transfer
re a be ☑ No ☑ Yes	eneficiary? (These are often cal	lled asset-protection devices.)				Date transfer
		Description and value of	f the property transfe	rred		
		Description and value of	f the property transfer	red		
Nam	ne of trust	Description and value o	f the property transfe	red		
Nam	ne of trust					
Nam	ne of trust					
-						
t 8: 1	List Certain Financial Acc	ounts. Instruments. Safe	Deposit Boxes,	and Storage	e Units	
	1 year before you filed for ban					benefit,
losed.	, sold, moved, or transferred?					
nclude	e checking, savings, money m	arket, or other financial accοι	unts; certificates of	deposit; sha	res in banks, credit un	ions,
	age houses, pension funds, co	operatives, associations, and	d other financial in	stitutions.		
☐ No ☐ Yes	s. Fill in the details.					
		Last 4 digits of account	t number Type of	account or	Date account was	Last balance befor
		•	instrume	ent	closed, sold, moved, or transferred	closing or transfer
Na	me of Financial Institution	xxxx	Chec	cking		\$
Nu	ımber Street	-	☐ Savii	ngs		
0=				ey market		
	7/0.0		☐ Brok	-		
Cit	ty State ZIP Co	ode	Othe	ir		
		xxxx	Chec	cking	S	\$
Na	ame of Financial Institution		☐ Savi	ngs		
Nu	umber Street			ey market		
_			☐ Brok			
	Α.		Othe	er		
Cit	ty State ZIP C	nda				

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· 1	Phillip	Michae		Case number (if known)	
	First Name	Middle Name	Last Namo		
ave v	ou stored prope	erty in a storage u	nit or place other than your home	within 1 year before you filed for bankruptcy?	
No		,			
Ye	s. Fill in the det	ails.			
			Who else has or had access to i	t? Describe the contents	Do you sti have it?
	0.1.0		DUTE NA Lead Coate	Elhydro prototype, components	□ No
	Cube Smart	ility	Phillip Michael Scott	and accessories parts, held on behalf of elhydro a special proje	
	1425 Bruckne	er Blvd.	4319 A Wickham Avenu		.o
Ĩ	Number Street		Number Street		
			Bronx NY City State ZIP Code	10583	
	Bronx	NY 10583	3		
	City	State ZIP Code			
t 9:	I dende 5	veter Vere Ue	ld or Control for Someone Els		
Do yo	ou hold or contr	ol any property th	at someone else owns? Include ar	ny property you borrowed from, are storing for,	
	ld in trust for so	omeone.			
У N					
_ Y	es. Fill in the de	tails.	Mileson in the managery?	Describe the property	Value
			Where is the property?	Describe the property	Value
			-		
	Owner's Name				₽
	Number Street		Number Street		
,	Number Street		Number Street		
	*		City State	ZIP Code	
	City	State ZIP Cod	City State	ZIP Code	
	City		City State	ZIP Code	
rt 10	City Give Deta	ails About Envir	City State	ZIP Code	
r t 1 0	Give Deta	ails About Envir	City State onmental Information definitions ap; ly:		•
the	Give Deta	10, the following one any federal, substances, waste	city State conmental Information definitions apr ly: state, or local statute or regulations, or material into the air, land, soi	n concerning pollution, contamination, releases o	f
the	Give Deta	10, the following one any federal, substances, waste	city State conmental Information definitions apply: state, or local statute or regulation	n concerning pollution, contamination, releases o	f
the Envir haza inclu	Give Deta purpose of Part ronmental law in rdous or toxic s ding statutes of means any local	10, the following one any federal, substances, waster regulations contition, facility, or pro-	city State conmental Information definitions apr ly: state, or local statute or regulations, or material into the air, land, soi colling the cleanup of these substate operty as defined under any environment.	n concerning pollution, contamination, releases o	f
the Envii haza inclu Site utiliz	Give Deta purpose of Part ronmental law m rdous or toxic s ding statutes of means any locate e it or used to o	10, the following of th	city State conmental Information definitions apr ly: state, or local statute or regulations, or material into the air, land, soi rolling the cleanup of these substate operty as defined under any environilize it, including disposal sites.	n concerning pollution, contamination, releases o il, surface water, groundwater, or other medium, ances, wastes, or material. onmental law, whether you now own, operate, or	f
the Envir haza inclu Site utiliz	Give Deta purpose of Part ronmental law m rdous or toxic s ding statutes of means any local e it or used to o	10, the following one and any federal, substances, waster regulations controlled from the facility, or proven, operate, or ut	city State conmental Information definitions apr ly: state, or local statute or regulations, or material into the air, land, soir colling the cleanup of these substate operty as defined under any environitize it, including disposal sites.	n concerning pollution, contamination, releases o il, surface water, groundwater, or other medium, ances, wastes, or material.	f
the Environmental haza inclu Site utiliz Haza subs	Give Deta purpose of Part ronmental law in rdous or toxic s ding statutes of means any local e it or used to of rdous material stance, hazardou	10, the following one and any federal, substances, waster regulations contribution, facility, or proven, operate, or ut	city State conmental Information definitions apt ly: state, or local statute or regulations, or material into the air, land, soir colling the cleanup of these substates operty as defined under any environmental law defines as a hant, contaminant, or similar term.	n concerning pollution, contamination, releases of il, surface water, groundwater, or other medium, ances, wastes, or material. Conmental law, whether you now own, operate, or mazardous waste, hazardous substance, toxic	r
the Environmental haza inclu Site utiliz Haza subs	Give Deta purpose of Part ronmental law in rdous or toxic s ding statutes of means any local e it or used to of rdous material stance, hazardou	10, the following one and any federal, substances, waster regulations contribution, facility, or proven, operate, or ut	city State conmental Information definitions apr ly: state, or local statute or regulations, or material into the air, land, soir colling the cleanup of these substate operty as defined under any environitize it, including disposal sites.	n concerning pollution, contamination, releases of il, surface water, groundwater, or other medium, ances, wastes, or material. Conmental law, whether you now own, operate, or mazardous waste, hazardous substance, toxic	f
the Environment Environment haza inclu Site utiliz Haza subs	Give Deta purpose of Part ronmental law in rdous or toxic s ding statutes of means any local e it or used to of irdous material stance, hazardou	neans any federal, substances, waster regulations contition, facility, or prowen, operate, or ut means anything as material, pollutases, and proceedings.	city State conmental Information definitions apt ly: state, or local statute or regulations, or material into the air, land, soir colling the cleanup of these substates operty as defined under any environitize it, including disposal sites. In environmental law defines as a hant, contaminant, or similar term.	n concerning pollution, contamination, releases of il, surface water, groundwater, or other medium, ances, wastes, or material. Conmental law, whether you now own, operate, or mazardous waste, hazardous substance, toxic less of when they occurred.	
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First Name Mi	ddle Name Lasi	l Name	35. 4	
	overnmental unit o	of any release of hazardous materi	al?	
No				
Yes. Fill in the deta	ils.		F	D-4- of notice
		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit		
Number Street		Number Street	<u> </u>	
Named Sacr		Number Officer		
		City State ZIP Code	*	
		•		
Clty	State ZIP Code			
ve vou been a party i	in any judicial or a	dministrative proceeding under ar	y environmental law? Include settle	ments and orders.
	uny juuronar er er		•	
No				
Yes. Fill in the deta	ils.			Status of the
		Court or agency	Nature of the case	case
Case title		<u>=</u> -		D paratica
		Court Name	_	Pending
		= : //		On appea
		Number Street		Conclude
Case number				
Odse Hambel		City State ZIP Co	de	
			D	
		isiness or Connections to Any		
		iptcy, did you own a business or r I in a trade, profession, or other a	nave any of the following connection	s to any business r
		npany (LLC) or limited liability par		
☐ A member of a l	-	ipany (LLC) or innited habitity par	ineramp (cer)	
	-	executive of a corporation		
•	, ,	ing or equity securities of a corpo	ration	
MI Owner of at		ing or equity accumics or a corpo		
No. None of the abo				
		ill in the details below for each bus		action number
	apply above and fi		ss Employer Identific	
Yes. Check all that	apply above and fi	ill in the details below for each busine Describe the nature of the busine	ss Employer identific Do not include So	eation number cial Security number or ITIN.
Yes. Check all that Phillip Michael Business Name 12 Inverness R	apply above and fi Scott	ill in the details below for each bus	ss Employer identific Do not include So	cial Security number or ITIN.
Yes. Check all that Phillip Michael Business Name	apply above and fi Scott	Describe the nature of the busine Real E state mangement, in Developer, Inventor	ss Employer Identific Do not include So maintenance,	cial Security number or ITIN.
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Yes. Check all that Phillip Michael Business Name 12 Inverness R Number Street	apply above and fi Scott oad	Describe the nature of the busine Real E state mangement, in Developer, Inventor	ss Employer Identific Do not include So maintenance,	cial Security number or ITIN.
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Yes. Check all that Phillip Michael Business Name 12 Inverness R Number Street Scarsdale City	apply above and fi Scott oad NY 10583 State ZIP Code	Describe the nature of the busine Real E state mangement, in Developer, Inventor	ss Employer Identific Do not include So maintenance, EIN: er Dates business er	cial Security number or ITIN.
Phillip Michael Business Name 12 Inverness R Number Street Scarsdale	apply above and fi Scott oad NY 10583 State ZIP Code	Describe the nature of the busine Real E state mangement, I Developer, Inventor Name of accountant or bookkeep	ss Employer Identific Do not include So maintenance, EIN: er Dates business er From ess Employer Identific	cial Security number or ITIN.
Phillip Michael Business Name 12 Inverness R Number Street Scarsdale City Pine Hill Assoc Business Name	apply above and fi Scott oad NY 10583 State ZIP Code	Describe the nature of the busine Real E state mangement, I Developer, Inventor Name of accountant or bookkeep	ss Employer Identific Do not include So maintenance, EIN: or Dates business ex From Employer Identific Do not include So	cial Security number or ITIN.
Phillip Michael Business Name 12 Inverness R Number Street Scarsdale City Pine Hill Assoc Business Name PO Box 177	apply above and fi Scott oad NY 10583 State ZIP Code	Describe the nature of the busine Real E state mangement, I Developer, Inventor Name of accountant or bookkeep	ss Employer Identific Do not include So maintenance, EIN: or Dates business ex From Employer Identific Do not include So	cial Security number or ITIN.
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Phillip Michael Business Name 12 Inverness R Number Street Scarsdale City Pine Hill Assoc Business Name PO Box 177	apply above and fi Scott oad NY 10583 State ZIP Code	Describe the nature of the busine Real E state mangement, in Developer, Inventor Name of accountant or bookkeep Describe the nature of the busine	Employer Identific Do not include Somaintenance, EIN: The Dates business exployer Identific Do not include Somains S	cial Security number or ITIN.
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	Philark Inc.	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Business Name	Real Estate Management and Development.	EIN:
	12 Inverness Road		
	Number Street	Name of accountant or bookkeeper	Dates business existed
		Never capitalized-inactive-no value	
	Scarsdale NY 10583		From To
1	stitutions, creditors, or other parties.	cruptcy, did you give a financial statement to anyon	e about your business? Include all financial
	No Yes. Fill in the details below.	Data issued	1
		Date issued	
	See, Appendix to Form 107		
	Name	MM / DD / YYYY	
	Number Street		
	Number Street		
		_	
	City State ZIP Code		
	City State Zii Sout	-	
ŧ	12: Sign Below		
i	answers are true and correct. Lunders	ment of Financial Affairs and any attachments, and stand that making a false statement, concealing precan result in fines up to \$250,000, or imprisonment.	operty, or obtaining money or property by frau
	Signature of Debtor 1	Signature of Debtor 2	
	Signature of Debtor 1	- 9	
	Date July 18,2016	Signature of Debtor 2 Date Dur Statement of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form 107)?
1	Date July 18,2016	Date	ling for Bankruptcy (Official Form 107)?
1	Date Stale 16, 2016 Did you attach additional pages to You No Yes	Date	
1	Date Stale 16, 2016 Did you attach additional pages to You No Yes	Date our Statement of Financial Affairs for Individuals Fi e who is not an attorney to help you fill out bankrup	

Appendix to Form 107 Statement of Financial Affairs

 CEO Peter Hancock; AIG Ins. Co. 70 Pine Street 38th Floor New York, NJ 10270

7

CEO John Finegan; Great Nor. Ins. Co.
 Mountainview Road
 Warren NY 07059

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Debtor 1	Phillip	Michael	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: Southern District of	New York	*
Case number				

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years. 4. The commitment period is 5 years.
Check if this is an amended filing

2

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: Calculate Your Average Monthly Income						
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11.						
	Married. Fill out both Columns A and B, lines 2-11.						
	Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if you have amount of your monthly income varied during the result. Do not include any income amount more than one from that property in one column only. If you have nothing to	ou are filing o ing the 6 mor ce. For exam	n Septembe nths, add the iple, if both s	er 15, the e e income t spouses c	6-month for all 6 wn the	n period wou months and same rental	ıld be March 1 through I divide the total by 6. Fill in
2					Colum Debtor		Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	commission	s (before all	I	\$	0.00	\$
3,	Alimony and maintenance payments. Do not include pay	ments from a	spouse.		\$	0.00	\$
4.	All amounts from any source which are regularly paid for you or your dependents, including child support. Include an unmarried partner, members of your household, your de roommates. Do not include payments from a spouse. Do not listed on line 3.	le regular con pendents, pa	itributions fro irents, and	of om	\$	0.00	\$
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from a business, profession, or farm	\$ 59.0 6	\$	Copy here	\$ <u>12,</u>	159.06	\$
6,	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
3	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from rental or other real property	\$_0.00	\$	Copy here	\$	0.00	S

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Debtor 1	Phillip First Name Middle	Michael Name Last Name	Scott	Case number (# know	vn)	
				Column A Debtor 1	Column B Debtor 2 or non-filling spouse	-
7 l-44 d	divide the land page	altino		\$ 0.00	\$	
⊌	dividends, and roya			\$ 0.00	\$	
	yment compensatio		at received was a benefit un	der	·	
the Social	Security Act. Instea	id, list it here:		uui		
For you	ır spouse		\$			
	or retirement incon ider the Social Secu		nount received that was a	\$0.00	\$	
Do not inc	clude any benefits re as a victim of a war terrorism, If necessa	eceived under the Social crime, a crime against hu	ecify the source and amoun Security Act or payments imanity, or international or a separate page and put th			
total belov	AA."			\$0.00	\$	
-				\$	•	
-					·	
Total an	mounts from separat	e pages, if any.		+ \$	+ \$	
11. Calculate column. T	e your total averag. Then add the total fo	e monthly income. Add in Column A to the total fo	lines 2 through 10 for each or Column B.	\$_12,159.06	+ \$	= \$12,159.06 Total average monthly income
12. Copy you	ur total average mo	onthly income from line	11			\$12,159.06
13.: Calculate	e the marital adjus	tment. Check one:				
You a	are not married. Fill i	in 0 below.				
You a	are married and you	r spouse is filing with you	. Fill in 0 below.			
		r spouse is not filing with				
you o you o	or your dependents, or your dependents.	such as payment of the	Column B, that was NOT reg spouse's tax liability or the s	spouse's support of some	one other than	
		for excluding this income is on a separate page.	and the amount of income	devoted to each purpose	If necessary,	
If this	s adjustment does n	ot apply, enter 0 below.				
%				\$	-	
				\$	=	
-				+\$	_	
Total	Exchange of the transferences			\$ 0.0	Copy here	0.00
·	I	***************************************			Copy nere	
14. Your cur	rrent monthly inco	me. Subtract the total in l	ine 13 from line 12.			\$ <u>12,159.06</u>
15. Calculate	e your current mor	nthly income for the yea	r. Follow these steps:			
						40 450 00
15a, Con	oy line 14 here 👈		***************************************			\$_12,159.06
	_	(the number of months in	a year).			\$ 12,159.06 x 12
Muli	ltiply line 15a by 12	(the number of months in				x 12

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Debtor	1 Phillip	Michael	Scott	Case number (if known)	
	FIFST Name	Middle Name Last Name			
16. Cal e	culate the mediar	family income that applies to	you. Follow these ste	ps:	
	Fill in the state in		NY		
16b.	Fill in the numbe	r of people in your household.	1		
				5	40 004 00
16c		,		link availing in the apparets	\$_48,821.00
		pplicable median income amount nis form. This list may also be ava			
17. Hov	v do the lines cor	mpare?			
⊌ 17a				nis form, check box 1, <i>Disposable income is not c</i> f Your <i>Disposable Income</i> (Official Form 122C–2	
17b	11 U.S.C. §		out Calculation of Y	neck box 2, Disposable income is determined unour Disposable Income (Official Form 122C-2 14 above.	
Part 3	: Calculate	Your Commitment Period	Under 11 U.S.C. §	§ 1325(b)(4)	
18 . Cop	y your total aver	age monthly income from line 1	11.		\$ <u>12,159.06</u>
				e is not filing with you, and you contend that to deduct part of your spouse's income, copy	
the	amount from line	13.			27,022
19a.	, if the marital adji	ustment does not apply, IIII in 0 or	Time 19a,		- \$0.00
19b.	Subtract line 19	a from line 18.			\$12,159.06
20. Cal e	ै। culate vour curre	nt monthly income for the year	r. Follow these steps:		
					10.150.00
204					\$ <u>12,159.06</u>
	Multiply by 12 (th	ne number of months in a year).			x 12
20b.	The result is you	r current monthly income for the	year for this part of the	e form.	\$145,900.72
al 200	Copy the median	family income for your state and	size of household from	ท line 16c,	40,004,00
200	Copy the median	rathing income for your state and	SIZE OF HOUSEHOLD ITO	11 110 100	\$_48,821.00
₂\$. Hov	v do the lines co	праге?			
		an line 20c. Unless otherwise ord	dered by the court, on	the top of page 1 of this form, check box $3_{\tilde{i}}$	
		han or equal to line 20c. Unless o commitment period is 5 years. Go		the court, on the top of page 1 of this form,	
Part 4	Sign Belov	v			
	D %	W - 7 1 -			
		ere dader penalty of perjury I dec	clare that the informati	ion on this statement and in any attachments is t	rue and correct.
	X	Been			
	342	of Debtor 1		Signature of Debtor 2	e =
	Date 07	/18/2016		Date	
	MM	DD /YYYY		MM / DD / YYYY	
	If you about	ad 17a, do NOT fill out as file F	m 122C. 2-		
	-	ed 17a, do NOT fill out or file Forr ed 17b, fill out Form 122C–2 and		On line 39 of that form, copy your current monthly	income from line 14 above
	, 5 2 6 7 6 6 7 6	,			

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_ Debtor 1	Phillip	Michael	Scott	
B C B C B C F C F C F C F C F C F C F C	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court fo	r the: Southern District of	New York	~
Case number (If known)				

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This Information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1.00

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 307

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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btor 1	Phillip First Name	Middle Name	Last Name	Scott	C	Case number (if known)	
	People who :	re under 65	years of age				
	•			person ¢ 5	54.00		
			care allowance per p	person \$,		
	7b. Number o	of people who	o are under 65	X1			
	7c. Subtotal.	Multiply line	7a by line 7b.	\$5	54.00 Copy here→	\$54.00	
	People who	are 65 year	s of age or older				
	7d Out-of-po	cket health o	care allowance per p	person \$			
	7e. Number	of people who	o are 65 or older	x0			
	7f, Subtotal.	Multiply line	7d by line 7e.	\$	0.00 Copy	+ \$0.00	
						0.00	¢ 0.0
7g.	Total. Add lin	es 7c and 7f.				\$0.00 Copy here →	\$ <u> </u>
Loca	il You	nust use the	RS Local Standar	ds to answer the que	estions in lines 8-	i-15.	
		on from the	IRS the IIS Trust	tee Program has div	vided the IRS Lo	ocal Standard for housing for	
	uptcy purpose)	
			ance and operating				
m Ha							
	_				short To find th	so about so online using the link	
To an	swer the gues	tions in line	s 8-9, use the U.S.	Trustee Program o	chart. To find th Iso be available	ne chart, go online using the link e at the bankruptcy clerk's office.	
To an specif	swer the ques fied in the sep	tions in line arate instruc ties – Insura	s 8-9, use the U.S. ctions for this forn	Trustee Program on. This chart may a	Iso be available the number of pe	ne chart, go online using the link e at the bankruptcy clerk's office. eople you entered in line 5, fill	\$ <u>644</u> .0
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To an specification in the spe	swer the quesified in the seponation and util the dollar amounts of the seponation of the dollar amounts of the seponation of the seponati	tions in line arate instruct ties – Insurant listed for y ties – Mortg number of p your county rage monthly e. ate the total ally due to e uptcy. Next of e of the credit 9b. Total an page or rent a tine 9b (total nse). If this r	s 8-9, use the U.S. ctions for this form ance and operating your county for insurage or rent expension of payment for all more average monthly payment for all more ach secured creditors and for more dependent of the payment for all more average monthly payment for all more ach secured creditors are secured creditors. For a secured creditors are average monthly payment is less than austee Program's distance and payment for all more achieves a secured creditors.	Trustee Program on This chart may a gexpenses: Using trance and operating uses: in line 5, fill in the dot expenses. Ortgages and other dot expenses and other dot expenses are for in the 60 months a gyment. Average may ment suppress sup	the number of perexpenses. Illar amount ebts secured by unts that are after you file conthly Copy here	* 1,546.00 Copy here for housing is incorrect and affect	sunt \$\$\$\$\$

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Debt	tor 1	Phillip First Name	Michae Middle Name	Last Name	Scott		Case number (if known)_		
	11 6		tion expenses: Chec		r of vehicles for w	hich vou claim	an ownership or oper	ating expense.	
•		0. Go to		K are name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	
ž.		1. Go to	line 12. re. Go to line 12.						
				IDC 1 1 C	N	musch as of uch	alaa far which yay al	nim the enerating	
	12. V e	enicie operatio kpenses, fill in th	n expense: Using the ne Operating Costs th	at apply for y	our Census regio	n or metropolita	n statistical area.	ain the operating	\$308.00
	13 V e	hicle ownersh	ip or lease expense:	Using the IF	RS Local Standard	ls. calculate the	net ownership or lea	ase expense for	
	ea	ach vehicle belo	w. You may not claim not claim the expens	the expense	e if you do not ma	ke any loan or l	ease payments on th	e vehicle. In	
		Vehicle 1	Describe Vehicle 1:	Dodge					
	,	venicie i	peacing venicie i.					***************************************	
	43	a Ownershin	or leasing costs using	IRS Local S	tandard		471.00		
		-	onthly payment for all				Φ		
	,,		de costs for leased ve		S				
		add all amo	the average monthly unts that are contract	ually due to e	each secured				
		creditor in the by 60.	ne 60 months after yo	u file for ban	kruptcy. Then divi	de			
۵		Name of ea	ach creditor for Vehicle	1	Average monthly payment				
					\$				*
5		-			+ \$	Сору	0.00	Repeat this amount	
			Total average month	y payment	C	.00 here→	- \$ <u>0.00</u>	on line 33b.	
	13		1 ownership or lease a 13b from line 13a. If		is loss than \$0. o	nter \$0	\$ 0.00	Copy net Vehicle	\$ 0.00
		Subtractilité	s 130 from line 13a. ii	triis Humber	13 1033 111411 40, 0			, oxpanies nore 2	
	•	Vehicle 2	Describe Vehicle 2:						
				IDO II O			Φ.		
		10	or leasing costs using onthly payment for all				\$		
	13	_	ude costs for leased v		d by Venicle 2.				
		Name of ea	ach creditor for Vehicle	2	Average monthly payment	,			
		-				.00			
		N======			+ \$	Сору		Repeat this amount	
			Total average month	nly payment	\$	here →	- \$	on line 33c	
٥	1:		2 ownership or lease		40	ΦO.	\$	Copy net Vehicle 2 expense here	\$
2		Subtract lin	e 13e from 13d. If this	number is le	ess than \$0, enter	\$0		→	
*	14. P	ublic transpor	tation expense: If yo expense allowance ।	u claimed 0	vehicles in line	11, using the l	RS Local Standards	, fill in the <i>Public</i>	\$
		-	ic transportation exp					that you may also	
	d	educt a public to	i c transportation exp ransportation expense S Local Standard for	e, you may fil	ll in what you belic	eve is the appro	priate expense, but y	ou may not claim	\$173.00

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Debtor '		Michael Iddle Name Last Name	Scott	Case number (if known)	
_			deductions listed above ve	we are allowed your monthly expenses for the	
	ther Necessary xpenses	following IRS categories.	deductions listed above, yo	u are allowed your monthly expenses for the	
	self-employment taxes from your pay for thes refund by 12 and subt	s, social security taxes, and	Medicare taxes. You may in pect to receive a tax refund	local taxes, such as income taxes, include the monthly amount withheld l, you must divide the expected withheld to pay for taxes.	\$ <u> 0</u> .00
17.	Involuntary deduction union dues, and uniform		oll deductions that your job	requires, such as retirement contributions,	0.00
	Do not include amoun	ts that are not required by y	our job, such as voluntary	401(k) contributions or payroll savings.	\$ <u> 0.</u> 00
	together, include payr	nents that you make for you	r spouse's term life insurar	life insurance. If two married people are filing nce. ng spouse's life insurance, or for any form of	
	life insurance other th	an term.	il dependents, for a non-ill	ng spouses like insurance, or for any form of	\$ <u> 0</u> .00
	agency, such as spou	sal or child support paymer	ts.	ed by the order of a court or administrative t. You will list these obligations in line 35.	\$ <u> 0</u> .00
20.	as a condition for ve	monthly amount that you pa our job, or or mentally challenged depe		er required: acation is available for similar services.	\$ <u> 0</u> .00
21.	Childcare: The total r Do not include payme	monthly amount that you pa ents for any elementary or se	y for childcare, such as bab econdary school education.	oysitting, daycare, nursery, and preschool.	\$0.00
22.	required for the health savings account. Inclu-	re expenses, excluding in and welfare of you or your ude only the amount that is ansurance or health savings	dependents and that is not more than the total entered		\$ <u> 0</u> .00
	for you and your dependence service, to the income, if it is not rein Do not include payme	endents, such as pagers, ca extent necessary for your h nbursed by your employer.	Il waiting, caller identification ealth and welfare or that of ne, internet or cell phone se	nat you pay for telecommunication services on, special long distance, or business cell your dependents or for the production of ervice. Do not include self-employment you previously deducted.	+ \$0.00
24.	Add all of the expen Add lines 6 through 2	ses allowed under the IRS 3.	expense allowances.		\$ <u>3,422.0</u> 0
	dditional Expense eductions		deductions allowed by the land		
25	Health insurance, di insurance, disability ir your dependents.	sability insurance, and he nsurance, and health saving	alth savings account exp s accounts that are reason	nenses. The monthly expenses for health ably necessary for yourself, your spouse, or	i i
	Health insurance		\$0.00		
	Disability insurance		\$0.00		
	Health savings accou	int +	\$ <u>0.00</u>		
	Total	And Andrews	\$0.00 Copy to	tal here	<u> </u>
	Do you actually spen	d this total amount?			
	No. How much do ✓ Yes	you actually spend?	\$0.00		
26.	continue to pay for the	e reasonable and necessar	y care and support of an el mily who is unable to pay fo	The actual monthly expenses that you will derly, chronically ill, or disabled member of or such expenses. These expenses may § 529A(b).	\$8
27	you and your family u	iamily violence. The reasounder the Family Violence Post keep the nature of these of	revention and Services Ac	xpenses that you incur to maintain the safety of tor other federal laws that apply.	\$0.00

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home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8, we that you have home energy costs that are more than the home energy costs included in expenses on line 8, excess amount of home energy costs. If we your case turbes documentation of your actual expenses, and you must show that the additional amount easonable and necessary. Separation of your actual expenses, and you must show that the additional amount easonable and necessary or dependent children who are younger than 18. The monthly expenses (not more 12° per child) that you pay for your dependent children who are younger than 18 years of to attend a sublic elementary or recordary school. Separation of your actual expenses, and you must explain why the amount easonable and necessary and not already accounted for in lines 6-23. A digitation of 40° (17)s, and every 3 years after that for cases begun on or after the date of adjustment. Food and clothing expenses. The monthly amount by which your actual food and clothing expenses are the food and clothing allowances in the IRS National Standards. That amount cannot be more the food and clothing allowances in the IRS National Standards. For this form. This chart may also be available at the bearingular of the specified in the separals for this form. This chart may also be available or the heartpulpty of the specified in the separals for this form. This chart may also be available at the bearingular of the specified in the separals for the form of cash or financial is to a religious or chartable organization. If 11.S.C. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28. Additional home energy costs. Your home energy of the fill in the excess amount of home energy costs. You must give your case trustee documentation of you claimed is reasonable and necessary. 29. Education expenses for dependent children who at than \$160.42* per child) that you pay for your depend private or public elementary or secondary school. You must give your case trustee documentation of you claimed is reasonable and necessary and not already * Subject to adjustment on 4/01/19, and every 3 years. 30. Additional food and clothing expense. The monthly higher than the combined food and clothing allowances in the IR. To find a chart showing the maximum additional allow instructions for this form. This chart may also be avail You must show that the additional amount claimed is 31. Continuing charitable contributions. The amount the instruments to a religious or charitable organization. The point include any amount more than 15% of your ground include any amount more	re more than the homer actual expenses, and are younger than 18 lent children who are the ur actual expenses, and accounted for in lines after that for cases by amount by which you same, go online using lable at the bankruptor reasonable and necessation will continue that you will will will be that you will will be that you will will be that you will be that you will will be that you will be	The monthly younger than and you must s 6-23. begun on or a bur actual food I Standards. S. g the link specy clerk's officessary.	show that y expense n 18 years explain w after the d and clot That amou	ed in expenses on little additional amous (not more old to attend a hy the amount date of adjustment. Thing expenses are unt cannot be more the separate	ne 8, \$ punt \$	0.00
we that you have home energy costs that are more than the home energy costs included in expenses on line 8, s	If you believe that you have home energy costs that at then fill in the excess amount of home energy costs. You must give your case trustee documentation of you claimed is reasonable and necessary. 29. Education expenses for dependent children who at than \$160,42* per child) that you pay for your depend private or public elementary or secondary school. You must give your case trustee documentation of you claimed is reasonable and necessary and not already * Subject to adjustment on 4/01/19, and every 3 year 30. Additional food and clothing expense. The monthly higher than the combined food and clothing allowances in the IR. To find a chart showing the maximum additional allow instructions for this form. This chart may also be avail You must show that the additional amount claimed is 31. Continuing charitable contributions. The amount the instruments to a religious or charitable organization. The point include any amount more than 15% of your grass. Add all of the additional expense deductions. Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in proper loans, and other secured debt, fill in lines 33a through 33 through 34 the total average monthly payment, additional average monthly payment.	re more than the homer actual expenses, and are younger than 18 lent children who are the ur actual expenses, and accounted for in lines after that for cases by amount by which you same, go online using lable at the bankruptor reasonable and necessation will continue that you will will will be that you will will be that you will will be that you will be that you will will be that you will be	The monthly younger than and you must s 6-23. begun on or a bur actual food I Standards. S. g the link specy clerk's officessary.	show that y expense n 18 years explain w after the d and clot That amou	ed in expenses on line in the additional amount is (not more old to attend a hy the amount date of adjustment. Thing expenses are unt cannot be more the separate	ne 8, \$ punt \$	0.00
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ive your case fustee documentation of your actual expenses, and you must show that the additional amount easonable and necessary. expenses for dependent children who are younger than 18. The monthly expenses (not more 12' per child) that you pay for your dependent children who are younger than 18 years old to attend a ublic clienteriary or secondary school. We your case ustate documentation of your actual expenses, and you must explain why the amount easonable and necessary and not already accounted for in fines 6-23. a diplasment on 40/1/19, and every 3 years after that for cases begun on or after the date of adjustment. **Food and clothing expenses.** The monthly emount by which your actual food and clothing expenses are the combined food and colothing allowances in the IRS National Standards. **Food and clothing allowances in the IRS National Standards.** That amount cannot be more than food and clothing allowances in the IRS National Standards. **For the combined food and colothing allowances in the IRS National Standards.** That amount cannot be more than food and clothing allowances in the IRS National Standards. **For the combined food and colothing allowances in the IRS National Standards.** That amount cannot be more than food and colothing allowances in the IRS National Standards. **For the maximum additional allowance, go online using the link specified in the separate for this form. This chart may also be available at the bankruptcy clerk's office, thought the form of cash or financial store that the separate store that the separate store that the form of cash or financial store that the separate store that the form of cash or financial store that the form of cash or fin	You must give your case trustee documentation of you claimed is reasonable and necessary. 29. Education expenses for dependent children who at than \$160,42* per child) that you pay for your depend private or public elementary or secondary school. You must give your case trustee documentation of you claimed is reasonable and necessary and not already * Subject to adjustment on 4/01/19, and every 3 year 30. Additional food and clothing expense. The monthly higher than the combined food and clothing allowances in the IR To find a chart showing the maximum additional allow instructions for this form. This chart may also be avail you must show that the additional amount claimed is 31. Continuing charitable contributions. The amount the instruments to a religious or charitable organization. The amount of the contribution of the additional expense deductions. Add all of the additional expense deductions. Add lines 25 through 31. Deductions for Debt Payment 33. For debts that are secured by an interest in proper loans, and other secured debt, fill in lines 33a through 31.	are younger than 18 lent children who are ur actual expenses, a accounted for in liners after that for cases by amount by which your sin the IRS National Standards wance, go online using lable at the bankruptor reasonable and necestal U.S.C. § 548(d)(3) ross monthly income.	The monthly younger than and you must s 6-23. begun on or a bour actual food I Standards. The standards of the standards of the link specy clerk's officessary. The contribute it and (4).	y expense and 18 years explain we after the dark and clot That amount in the ce.	s (not more old to attend a hy the amount date of adjustment. thing expenses are unt cannot be more ne separate	\$ \$	0.00
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your first two vehicles Inne 13b here	Mortgages on your home						
Inine 13b here. Inine 13e here. Identify property that secures the debt Initial debt Initial debt Identify property that secures the debt Initial debt debt debt Initial debt debt debt debt debt debt debt debt	33a. Copy line 9b here			→ \$	0.00		
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Yes +\$	Tanya Morgan 12	Inverness Road		ъ	1,0 10.20		
	1			+ \$	0.00		
l average monthly payment. Add lines 33a through 33d					C OAC OF CODY	total	0.045.0
	Tanya Morgan 12	Inverness Road	No	+ \$			

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Debt	or 1	Phi	Ilip Name Middle N	Michael	Scott		Case n	umber	if known)			
3	4. Aı fo	re any	debts that you li support or the s	sted in line 33 support of you	secured by your pri r dependents?	mary residence, a	a vehicle, (or oth	er property nec	essary		
•		i Yes. :	Go to line 35. State any amoun possession of you	t that you must ur property (cal	pay to a creditor, in ac	ddition to the paym Next, divide by 60	nents listed and fill in t	in line he info	: 33, to keep ermation below.			
			Name of the cre	editor	Identify property that secures the debt	Total cure amount		Moi	nthly cure amount			
			Am.Sec. Ins	. Co.	Inverness Roac	<u>\$13,219.64</u>	÷ 60 =	\$	220.33			
			-			\$	÷ 60 =	\$				
			· · · · · · ·			\$	÷ 60 =	+ \$				
							Total	\$	220.33	Copy total here	\$	220.33
3	15. D	o you o	owe any priority	claims—such	as a priority tax, chile? 11 U.S.C. § 507.	ld support, or ali	mony— th	at are	past due as of			
		No. Yes.	Go to line 36. Fill in the total an	nount of all of t	hese priority claims. Do those you listed in line		nt or					
2			Total amount of	all past-due pr	iority claims.			\$_	115,000.00	÷ 60	\$	1,916.6
3	Ct Of the To sp	urrent n ffice of e Execu o find a pecified	the United States utive Office for Un list of district mul in the separate in	district as state Courts (for dis nited States Tra tipliers that inc	yment ad on the list issued by stricts in Alabama and ustees (for all other dis ludes your district, go of this form. This list may	North Carolina) or tricts). online using the lir	by k	\$_ × _	3,751.10			
			cy clerk's office. monthly administ	rative expense				\$_	206.00	Copy total here	\$	206.0
3	87, A (dd all d	of the deduction	s for debt pay	ment. Add lines 33e th	nrough 36					\$	8,352.8
	Tot	al Dedu	uctions from Inc	ome								
:	38. A	dd all c	of the allowed de	eductions.								
,	Co	opy line	24, All of the exp	oenses allowed	l under IRS expense a	llowances		\$_	3,422.00			
					e deductions				19.35			
5	Co	opy line	37, All of the dec	ductions for de	bt payment			+\$_	8,352.82	Сору		
	To	otal ded	luctions				***************************************	\$_	11,874.20	total here →	\$_	11,874.2
												*

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Deb	otor 1	Phillip First Name	Michael Middle Name Last Name	Scott	Case number (if known)				
Pa	rt 2:	Determine	Your Disposable Income	Under 11 U.S.C. § 13	325(b)(2)				
39.	Copy yo	ur total curre	nt monthly income from line	14 of Form 122C-1, Cha	pter 13 nt Period.	\$ <u>12,15</u> 9.06			
40.	Fill in an children disability received	y reasonably . The monthly payments for in accordance	necessary income you receit average of any child support part dependent child, reported in with applicable nonbankruptcy ded for such child.	ve for support for deper ayments, foster care payr Part I of Form 122C-1, tha	ndent nents, or at you \$0.00	>			
41,	1. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).								
42.	Total of	all deduction	s allowed under 11 U.S.C. § 7	'07(b)(2)(A) . Copy line 38	here \$11,874.20				
43.	expenses	and you have expenses. Yo	circumstances. If special circ e no reasonable alternative, de ou must give your case trustee and documentation for the exp	scribe the special circums a detailed explanation of t	stances				
	Describe	the special ci	rcumstances	Amount of expen	ise				
	3			\$	=				
	-								
			T	\$	Copy here				
ø			l4						
	Total ad	j ustments. Ad	dd lines 40 through 43		Copy here	- \$			
2			rb.1 - 50			284.86			
45	Calculat	e your month	lly disposable income under	§ 1325(b)(2). Subtract lin	e 44 from line 39.	\$			
Pa	art 3:	Change in	ı Income or Expenses						
46.	or are vir open, fill 122C-1 i	tually certain t in the informa n the first colu	to change after the date you file tion below. For example, if the	ed your bankruptcy petitio wages reported increase	es you reported in this form have changed n and during the time your case will be d after you filed your petition, check vages increased, fill in when the increase				
	Form	Line	Reason for change	Date of char	ige Increase or Amount of change decrease?				
	122C-	<u> </u>	Rental Management C	ond.	Increase \$				
	122C	<u> </u>	Pymnt. of Ins. fire loss	claims	Increase \$				
	122C		Rct. of cont. pymnts, li	nv. Royt.	Increase \$				
23	122C				Increase \$				

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or 1 Phillip First Name Mi	Michael ddle Name Last Name	Scott	Case number (#known)
4: Sign Below		ř	
		4 (1) 1 - Proposition	
signing here, under penalt	ly of perjury you declare tha	at the information on this	statement and in any attachments is true and correct.
signing here, under penalt	ly of perjury you declare that	at the information on this	statement and in any attachments is true and correct.
	ly of perjury you declare that	×	statement and in any attachments is true and correct.
Bed	ly of perjury you declare that	Signa	ture of Debtor 2

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District Of New York

Case No.

In re Phillip Michael Scott	Case No.							
Debtor	Chapter 13							
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR I	DEBTOR							
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), above named debtor(s) and that compensation paid to me within in bankruptcy, or agreed to be paid to me, for services rendered debtor(s) in contemplation of or in connection with the bankrupt	one year before the filing of the petitio or to be rendered on behalf of the	n						
For legal services, I have agreed to accept	\$_ <u>0</u>							
For filing fees (incl. 2 adv. poc.) and service of process expenses								
Prior to the filing of this statement I received (escrow for fees/e	xpenses only) \$1,100.00							
Balance Due	<u>\$0 (pro bono)</u>							
2. The source of the fees/expenses paid to me was Debtor.								
3. The source of compensation to be paid to me is not applicable award of reasonable fees.	e, unless against other party as court							
4. No compensation exists to share with any other person.								
5. I have agreed to render legal service for all aspects of the bar	nkruptcy case, including:							
a. Analysis of the debtor's financial situation, and rendering adto file a petition in bankruptcy;	vice to the debtor in determining whether	er						
b. Preparation and filing of any petition, schedules, statements of	of affairs and plan which may be require	ed;						
c. Representation of the debtor at the meeting of creditors and chearings thereof;	onfirmation hearing, and any adjourned	1						

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- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. Pro bono coverage does not apply in the event that:
- 1) Client (Debtor) selects an attorney other than counsel herein for all, or part, of the proceedings, or
- 2) Counsel advises Debtor of the need to hire an attorney other than counsel herein for all, or part, of the proceedings, due the proceedings covering subject matter which falls within a specialized area of law other than bankruptcy, for which Counsel states he does not have a particular expertise. In such case, Counsel will assist Debtor, as necessary, to make an application to the court for professional fees for such additional expert representation.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 18, 2016

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